

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

INDEPENDENCE LIFE AND ANNUITY COMPANY

NAIC Group Code 0549	, 0549 NAIC Compan	ny Code64602	Employer's ID Numl	ber 61-0403075
(Current Period) Organized under the Laws of	(Prior Period) Rhode Island	, State of Domicile or P	ort of Entry	Rhode Island
Country of Domicile	Tariodo foldifa	United States	ort or Entry	Tarodo Iolaria
ncorporated/Organized	10/11/1945 C	Commenced Business	1	1/23/1945
Statutory Home Office	1130 Ten Rod Road, Suite 302 D		North Kingstown, R	
	(Street and Number)	,	(City or Town, State a	
Main Administrative Office O	ne Sun Life Executive Park	Wellesley Hills		781-237-6030
Mail Address One S	(Street and Number) Sun Life Executive Park	(City or Town, State	e and Zip Code) Wellesley Hills, MA	
	et and Number or P.O. Box)		(City or Town, State and Zi	
Primary Location of Books and Records			wn, RI 02852-4161	781-446-1523
nternet Website Address	(Street and Number)	www.sunlife.com	State and Zip Code)	(Area Code) (Telephone Number)
Statutory Statement Contact	Lynn Marie Kelley		781-446-1	523
•	(Name)		(Area Code) (Telephone N	umber) (Extension)
lynn.kelley@su (E-mail Addr			781-239-1682 (FAX Number)	
(= 114.17.164.1	,	CERS	(170111001)	
Name	Title	Name		Title
			AVP	and Senior Counsel and
JANET VEAL WHITEHOUSE ,	President	MICHAEL SCOTT E	BLOOM,	Secretary
RONALD HIEBERT FRIESEN .	Sr. VP and Chief Financial Officer & Treasurer	KEITH GUBBA	Y Sr	: VP and Chief Actuary
		FFICERS	··	
PRISCILLA SIMS BROWN .	Sr. VP and Head of U.S. Marketing	SCOTT MICHAEL I	DAVIS Sr.V	VP and General Counsel
, ,	Sr. VP and General Manager,	STEPHEN CLARKSON		VI una conorar councer
STEPHEN LUKE DESCHENES ,	Annuities	#		nd Chief Investment Officer
SEAN NIGEL WOODROFFE # .	Vice President, Human Resources	JOHN ROGER WE		P, Sun Life Financial U.S. Operations
		OR TRUSTEES		<u> </u>
SCOTT MICHAEL DAVIS	STEPHEN LUKE DESCHENES	RONALD HIEBERT FI	RIESEN	KEITH GUBBAY
JANET VEAL WHITEHOUSE				
State ofMassachusetts	S			
County ofNorfolk	\$\$			
The officers of this reporting entity, being di above, all of the herein described assets we this statement, together with related exhibits of the condition and affairs of the said repor completed in accordance with the NAIC Ann that state rules or regulations require differer respectively. Furthermore, the scope of this exact copy (except for formatting differences to the enclosed statement.	re the absolute property of the said reporting schedules and explanations therein contacting entity as of the reporting period stated ual Statement Instructions and Accounting notes in reporting not related to accounting attestation by the described officers also in	ng entity, free and clear from al ained, annexed or referred to is d above, and of its income and Practices and Procedures Mar practices and procedures, acconcludes the related correspond	ny liens or claims thereon a full and true statement deductions therefrom for nual except to the extent the ording to the best of their ing electronic filing with the	, except as herein stated, and that of all the assets and liabilities and the period ended, and have been hat: (1) state law may differ; or, (2) information, knowledge and belief, ne NAIC, when required, that is an
JANET VEAL WHITEHOUSI	MICHAFL S	COTT BLOOM		
President		ounsel and Secretary		
		a. Is this	an original filing?	Yes [X] No []
Subscribed and sworn to before me this		b. If no,		
day of	,	1. Stat 2. Dat	te the amendment numbe	r
			nber of pages attached	



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0
	7.1 Paid in cash or left on deposit					0 0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	400.005				400 005
	Death benefits					108,235
	Matured endowments					0
	Annuity benefits					U
	Surrender values and withdrawals for life contracts					U
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	108,235	0	0	0	108,235
	DETAILS OF WRITE-INS	,				
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	<u>0</u>			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	7 tillount	Or. Ocraio.	Amount	OCITIIS.	Airiodit	140.	7 tillount	110.	7 tillount
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current	1	108,235							1	108,235
year: 18.1 By payment in full 18.2 By payment on	1	108,235							1	108,235
compromised claims.		108,235		0	0			Λ	0	0
18.4 Reduction by compromise		,						0	0	100,233
18.5 Amount rejected									0	0
	1	108,235	0	0	0	0	0	0	1	108,235
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	4	247 , 384	0	0	0	0	0	0	4	247,384
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(153,547)							(1)	(153,547)
23. In force December 31	_		_	(a)	_		_	_	_	00
of current year	3	93,837	0	0	0	0	0	0	3	93,837

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	0	0	0	0	0					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0					

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	U	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	Λ	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Oı	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols.	·	No. of		·	, and the second		10	
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,											
prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year	0	0							0	0	
Settled during current											
year:											
18.1 By payment in full	0	0							0	0	
18.2 By payment on											
compromised claims .									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current											
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31,			_	(a)	_						
prior year	1	40,284	0	0	0	0	0	0	····.1	40,284	
21. Issued during year									0	0	
22. Other changes to in force (Net)	0	(0, 500)							0	(0, 500)	
(Net)	0	(6,560)		(-)					0	(6,560)	
	4	33.724	0	(a)	0	0	0	0	1	33,724	
of current year	I	33,724	U	U	U	U	U	Ü		33,724	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0						
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0						

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2009

JAIC (Group Code 0549	LIFE INSURANCE NAIC Company Code 64602							
17110	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance								
2.	Annuity considerations								
3.	Deposit-type contract funds		XXX		ХХХ				
	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0				
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit								
	6.2 Applied to pay renewal premiums								
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period								
	6.4 Other								
	6.5 Totals (Sum of 6.1 to 6.4)			0	0				
	Annuities:								
	7.1 Paid in cash or left on deposit								
	7.2 Applied to provide paid-up annuities								
	7.3 Other								
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0				
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0				
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	0							
	Matured endowments								
	Annuity benefits								
	Surrender values and withdrawals for life contracts								
	Aggregate write-ins for miscellaneous direct claims and								
	benefits paid	0	0	0	0				
14.	All other benefits, except accident and health								
15.	Totals	0	0	0	0				
	DETAILS OF WRITE-INS	-							
1301.									
1303									
1398	Summary of Line 13 from overflow page	Λ	0	0	0				
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	ñ	0	0	n I				

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		7 4110 4110	011 00111101	7	00.10.	7 1110 0110		7 1110 0110		7 1110 1111
prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0		0	U	0	0	0	U	0
18.5 Amount rejected									n	0 N
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
Joan (10 11 1010)	Ü	•		Ů	No. of	Ü			Ŭ	
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	10	770,963	0	0	٥	0	0	0	10	770,963
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(25,412)							(1)	(25,412)
23. In force December 31	` '	,		(a)					1	
of current year	9	745,551	0	0	0	0	0	0	9	745,551

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	0	0	0	0	0					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0					

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2009 LIFE INSURANCE NAIC Company Code 64602

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company	Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
	Annuity considerations					0
	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other		Λ	Λ	Λ	U
	6.5 Totals (Sum of 6.1 to 6.4)			U		
	7.1 Paid in cash or left on deposit					 0
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		_	-	-	
9.	Death benefits	0				0
10.	Matured endowments					0
11.	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.	0	<u> </u>	Λ	Λ	^	Λ
1398.	Summary of Line 13 from overflow page	J	0		U	U
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	U	U

	Or	dinary		edit Life ind Individual)	Group		Industrial			Total
l l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols.	·	No. of		·	Ç		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year				0	0	0	0	0	2	41,307
21. Issued during year									0	0
22. Other changes to in force (Net)	0	/7 112\							0	(7 112)
23. In force December 31		(1,113)		(a)						(1,113)
of current year	2	34,194	0	(a) 0	0	0	0	0	2	34,194

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE		AL 111 1110			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE	INSURANC	E	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	•	,	,)	
2.	Annuity considerations					(
3.	Deposit-type contract funds		XXX		XXX	(
	Other considerations					(
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					J	
	6.2 Applied to pay renewal premiums						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other						
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0		
	Annuities: 7.1 Paid in cash or left on deposit						
	7.1 Paid in cash of left of deposit						
	7.3 Other						
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0					
	Matured endowments						
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts	0					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		
	All other benefits, except accident and health						
15.	Totals	0	0	0	0	(
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of Line 13 from overflow page	0		0			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		

	Qi	rdinary		edit Life ind Individual)	Group		Industrial			Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of		·	Ç		.0
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	45	0 000 470	0	(a)	0	0	0	0	45	0.000.470
prior year	15	∠,098,176	D	0	0	J0		0	15	2,098,176
21. Issued during year										0
22. Other changes to in force (Net)	1	(49 409)							1	(49,409)
23. In force December 31		(43,403)		(a)						(43,403)
of current year	16	2,048,767	0	0	0	0	0	0	16	2,048,767

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	NI AND IIL	ALIII III 30	JIVANCE		
	1	2	3	4	5
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct League
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred
		Earrieu	Dusilless	Direct Losses Faid	incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products ... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	U	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	n	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Or	dinary	Credit Life (Group and Individual)		Group		Industrial			Total	
1	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·		No. of Ind. Pols.	·	No. of	-	·	-			
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year Settled during current	0	0							0	0	
year: 18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims.									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)		1					
prior year	0	0	0	0	0	0	0	0	0	0	
21. Issued during year									0	0	
22. Other changes to in force (Net)	0	0							0	0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	I



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2009 LIFE INSURANCE NAIC Company Code 64602

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company	Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0 .	0
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide pald-up armulities 7.3 Other					 1
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	 0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	-	-	·	·	
9.	Death benefits	440,636				440,636
	Matured endowments					0
11.	Annuity benefits					0
	Surrender values and withdrawals for life contracts	(47)				(47)
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	440,589	0	0	0	440,589
	DETAILS OF WRITE-INS					
1302.						
1303.	Summary of Line 13 from overflow page	Λ	Λ	····	Λ	Λ
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	 N	0	n I	 n	 1
1000.	Totalo (Lines 1301 tillu 1303 pius 1330) (Line 13 above)	U	U	0	U	0

	Qı	rdinary		edit Life Ind Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH	-	_	No. of		-	-	·			
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	٥	0
17. Incurred during current										
year	3	440,636							3	440,636
Settled during current										·
year:										
18.1 By payment in full	3	440,636							3	440,636
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	3	440,636	0	0	0	0	0	0	3	440,636
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	3	440,636	0	0	0	0	0	0	3	440,636
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	38	6 , 122 , 759	0	0	0	0	0	0	38	6,122,759
21. Issued during year				•					0	0
22. Other changes to in force										
(Net)	(1)	(679,923)		• • • • • • • • • • • • • • • • • • • •					(1)	(679,923)
23. In force December 31				(a)						
of current year	37	5,442,836	0	0	0	0	0	0	37	5,442,836

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$.. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE	INSURANC	CE	NAIC Company	Code 64602
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					0
	Annuity considerations					0
	Deposit-type contract funds		XXX		ХХХ	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					•
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					0
	endowment or premium-paying period					
	6.4 Other		Λ	0	Λ	
	6.5 Totals (Sum of 6.1 to 6.4)					U
	7.1 Paid in cash or left on deposit					0
	7.1 Paid in cash of left of deposit					
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)			0	0	0
8	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID	· ·	Ů	Ů	0	
9	Death benefits	0				0
	Matured endowments					0
	Annuity benefits					0
	Surrender values and withdrawals for life contracts					119.434
13.	Aggregate write-ins for miscellaneous direct claims and	,				, ,
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	119,434	0	0	0	119,434
	DETAILS OF WRITE-INS					•
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Ordinary			edit Life ind Individual)	Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	7 1110 0110	Or. Cordio.	7 tillount	oortiio.	7 tillouit	140.	7 11100111	110.	7 tillount
prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0		0	0	0	0	0		0
18.5 Amount rejected									 n	0 N
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
)		•		· ·	No. of			·		·
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	17	1 ,721 ,866	٥	0	0	0	0	0	17	1,721,866
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(278,622)							(2)	(278,622)
23. In force December 31			_	(a)	_		_	_		
of current year	15	1,443,244	0	0	0	0	0	0	15	1,443,244

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

, (00.152)		AL 111 1110			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					***************************************
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

	•		· ·		
(b) For health business on indicated lines report: Number of persons	s insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	U	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	n	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Or	dinary		edit Life Ind Individual)	(Group	In	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·		No. of Ind. Pols.	·	No. of	-	·	-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)		1				
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)	0	0							0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	NI AND IIL	ALIII III 30	JIVANCE		
	1	2	3	4	5
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct League
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred
		Earrieu	Dusilless	Direct Losses Faid	incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2009

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company	Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					
	Annuity considerations					
	Deposit-type contract funds		XXX		XXX	
	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
1	6.5 Totals (Sum of 6.1 to 6.4)				U]	
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				(
10.	Matured endowments					(
	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts	0				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	
14.	All other benefits, except accident and health					
15.	Totals	0	0	0	0	(
	DETAILS OF WRITE-INS					
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0 [(
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	(

	Oı	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols. &	·	No. of	, and the second	,	· ·		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on									_	_
compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	1		0	0	٥	0	٥	0	1	
21. Issued during year									0	0
22. Other changes to in force										
(Net)	0	2,720							0	2,720
23. In force December 31				(a)						
of current year	1	92,157	0	0	0	0	0	0	1	92,157

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEAETH INCOMANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	0	0	0	0	0					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0					

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company C	ode 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance		, , , , , , , , , , , , , , , , , , ,	,		0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	С
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	6.5 Totals (Sum of 6.1 to 6.4)	Λ	0	0	0	
	Annuities: 7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	(
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	282,933				282,933
	Matured endowments					
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts	99,435				99 , 435
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	
	All other benefits, except accident and health					
15.	. Totals	382,368	0	0	0	382,368
1301.	DETAILS OF WRITE-INS					
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	(
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	(

	Or	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
İ	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	2	282 932							2	282.932
Settled during current										
year:										
18.1 By payment in full	2	282,932							2	282.932
18.2 By payment on		202,002						• • • • • • • • • • • • • • • • • • • •		
compromised claims									0	n
18.3 Totals paid	2	282 932		Λ	Λ	Λ	n	Λ	2	282,932
18.4 Reduction by	∠	202,502				0			∠	
compromise									٥	0
18.5 Amount rejected									٥	0
18.6 Total settlements	2	282,932	Λ	Λ	Λ	Λ	Λ	Λ		282,932
19. Unpaid Dec. 31, current	∠	202,332		0		0		0	∠	202,332
vear (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
year (10117-10.0)	U	0	0	0	No. of	U	U	0	U	0
POLICY EXHIBIT					Policies					
20. In force December 31.					Folicies					
20. In force December 31,	00	44 504 070		(a)	0	0	0	0	00	44 504 070
prior year				0	D	0		0	90	11,594,379
									0	0
22. Other changes to in force (Net)	(7)	(4 000 757)							(7)	(4 000 757
(Net) 23. In force December 31	(7)	(1,033,757)							(7)	(1,633,757
	89	9.960.622		(a) 0	0		0	0	00	0 000 000
of current year		.,,.		Ů	-	U	Ū	U	89	9,960,622
Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mont	nsurance: Lo	oans less than or	equal to 60 i		rior year \$		cur	rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	AI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	,				
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

	-	-	•		
(b) For health business on indicated lines report: Number of personal	ons insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	L11 L	INSURAINC		NAIC Company C	Code 64602
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоар	maaama	n Ottal
2	Annuity considerations					0
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				0
10.	Matured endowments					0
	Annuity benefits					
	Surrender values and withdrawals for life contracts	347,938				347 , 938
13.	Aggregate write-ins for miscellaneous direct claims and					•
	benefits paid	D	J	0	0	0
	All other benefits, except accident and health					U
15.	Totals	347,938	0	0	0	347,938
	DETAILS OF WRITE-INS					
1303.						
1398.	Summary of Line 13 from overflow page	0	J	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oi	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial	-	Γotal
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-						-		-	
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	22	3,908,067	0	0	0	0	0	0	22	3,908,067
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(865,924)							(1)	(865,924)
23. In force December 31		0.040 :::		(a)	_			_		0.040
of current year	21	3,042,143	0	0	0	0	0	0	21	3,042,143
(a) Includes Individual Credit Li	ife Insurance	: prior year \$		cu	rrent year \$					

ACCIDENT AND HEALTH INSURANCE

Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

.... current year \$... current year \$

ACCIDLI	NI AND IIL	ALIII III 30	JIVANCE		
	1	2	3	4	5
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct League
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred
		Earrieu	Dusilless	Direct Losses Faid	incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	' L	NAIC Company (ode 64602	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1	Life insurance			Огоир	industrial	1 Otal	
2	Annuity considerations						
3	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·			
	Life insurance:						
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums						
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period						
	6.4 Other						
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0			
	Annuities:						
	7.1 Paid in cash or left on deposit						
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits						
	Matured endowments						
	Annuity benefits						
	Surrender values and withdrawals for life contracts	D					
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,	
4.4	benefits paid	U	D	0		ال	
	Totals	0	Λ			اا	
15.	DETAILS OF WRITE-INS	U	U	U	U		
1201	DETAILS OF WRITE-INS						
1303.	Summary of Line 13 from overflow page	n	n	Λ	n		
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n				
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0		

	Oı	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	_	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
	0	0							0	0
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	1	16,986	0	0	0	0	0	0	1	16,986
3,									0	0
22. Other changes to in force										
(Net)	0	(2,617)							0	(2,617)
23. In force December 31				(a)						
of current year	1	14,369	0	0	0	0	0	0	1	14,369
a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I Loans greater than 60 mont								rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIH INSU	JNANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	_				
24.2 Credit (Group and Individual)	NO				
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

	-	-	•		
(b) For health business on indicated lines report: Number of personal	ons insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE	INSURANC	CE	NAIC Company	/ Code 64602
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					0
	Annuity considerations					0
	Deposit-type contract funds		XXX		ХХХ	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					•
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					U
	6.3 Applied to provide paid-up additions or shorten the					0
	endowment or premium-paying period					
	6.4 Other	Λ	Λ	Λ	Λ	
	6.5 Totals (Sum of 6.1 to 6.4)	U	U	u	U	
	Annuities: 7.1 Paid in cash or left on deposit					0
	7.1 Paid in cash of left of deposit					
	7.3 Other					 N
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	Λ	
8	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		0	•	<u> </u>	
a	Death benefits	0				0
	Matured endowments					0
	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
	Aggregate write-ins for miscellaneous direct claims and	-				
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Or	rdinarv		edit Life Ind Individual)	(Group	Inc	dustrial		Total
l l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		7 4110 4110	011 00111101	7 1110 0110	0011.101	7 1110 0110		7 1110 0110		7 11110 01110
prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected									o	0 n
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	1 Olicies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)	0	0							0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

AGGIDENT AND HEAETH INCORANGE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	0	0	0	0	0						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0						

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2009 LIFE INSURANCE

NAIC C	Group Code 0549	LIFE	INSURANC	E	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance		,			0	
2.	Annuity considerations					0	
3.	Deposit-type contract funds		XXX		ХХХ	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0	
	6.4 Other			^	^		
	6.5 Totals (Sum of 6.1 to 6.4)		U .	υ			
	7.1 Paid in cash or left on deposit						
	7.2 Applied to provide paid-up annuities					 0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID	-	-		_		
9.	Death benefits	204,570				204,570	
	Matured endowments					0	
11.	Annuity benefits					0	
	Surrender values and withdrawals for life contracts					10, 183, 069	
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	
	All other benefits, except accident and health					0	
15.	Totals	10,387,639	0	0	0	10,387,639	
	DETAILS OF WRITE-INS						
1302.							
1303.	O		Λ		Λ	Λ	
	Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	l				 n	
1399.	Totals (Lines 1301 tillu 1303 pius 1390) (Line 13 above)	U	U	U	U	U	

	Oı	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	7 unounc	Cr. Coraio.	7 tillount	Cortilo.	7 tillount	110.	7 tillount	110.	7 unounc
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	1	204,570							1	204,570
Settled during current		,								
year:										
18.1 By payment in full	1	204,570							1	204,570
18.2 By payment on										
compromised claims									0	0
	1	204,570	0	0	0	0	0	0	1	204,570
18.4 Reduction by compromise									0	0
18.5 Amount rejected									٥	0
18.6 Total settlements	1	204,570	0	0	0	0	0	0	1	204,570
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	59	25 , 134 , 939	٥	0	0	0	0	0	59	25 , 134 , 939
21. Issued during year									0	0
22. Other changes to in force (Net)	(40)	(45 044 700)							(40)	(45 044 700)
(Net)	(13)	(15,811,782)							(13)	(15,811,782)
	46	9,323,157		(a) 0	0	0	0	0	46	9.323.157
of current year			•	•	•	0		0	40	y, 323, 157
(a) Includes Individual Credit Li	ie irisurance	. prior year \$		cu	rrent year \$					

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Indiana

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0549		IIIOUIAIIC	<i>,</i>	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
2.	Annuity considerations						
3.	Deposit-type contract funds		XXX		ХХХ	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0				0	
	Matured endowments					0	
	Annuity benefits					0	
12.	Surrender values and withdrawals for life contracts	21.081				21.081	
13.	Aggregate write-ins for miscellaneous direct claims and	, i				*	
	benefits paid	0	0	0	0	0	
14.	All other benefits, except accident and health					0	
15.	Totals	21,081	0	0	0	21,081	
	DETAILS OF WRITE-INS	, i				,	
1301.							
1302.							
1303.							
1398.	Summary of Line 13 from overflow page	0	0			0	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	

	Oı	dinary	Credit Life (Group and Individual)		Group		Industrial			Total	
l .	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of	Ç	·	Ç			
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,											
prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year	0	0							0	0	
Settled during current											
year:											
18.1 By payment in full	0	0							0	0	
18.2 By payment on									0	0	
compromised claims .									0	0	
18.3 Totals paid	0	0		0	0	0	U	0	0	0	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current											
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31,				(a)			_				
prior year					0	0	0	0	35	3,914,386	
21. Issued during year									0	0	
22. Other changes to in force	(0)	(400, 400)							(0)	(400, 400)	
(Net)	(2)	(190,492)		(a)					(2)	(196,492)	
of current year	33	3,717,894	٥	(a)	0	0	0	0	33	3,717,894	
or current year	აა	3,717,094	U	U	U	U	U	U	<i>ა</i> ა	3,717,094	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	NI AND IIL	ALIII III 30	JIVANCE		
	1	2	3	4	5
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct League
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred
		Earrieu	Dusilless	Direct Losses Faid	incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF lowa

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE INSURANCE NAIC Company Code (
		1	2	3	4	5		
	DIRECT PREMIUMS	0 "	Credit Life (Group					
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
	Life insurance							
	Annuity considerations		vvv		vvv			
	=		XXX		λλλ	U		
	Other considerations	Λ			Λ	U		
5.	Totals (Sum of Lines 1 to 4)	U	U	U	U	U		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	Life insurance:					0		
	6.1 Paid in cash or left on deposit							
	6.2 Applied to pay renewal premiums					U		
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0		
	6.4 Other					 0		
	6.5 Totals (Sum of 6.1 to 6.4)	Λ	0	Λ	Λ			
	Annuities:							
	7.1 Paid in cash or left on deposit					0		
	7.2 Applied to provide paid-up annuities					0		
	7.3 Other					0		
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID	-		-				
9.	Death benefits	49.741				49.741		
10.	Matured endowments					0		
11.	Annuity benefits					0		
12.	Surrender values and withdrawals for life contracts.	0				0		
	Aggregate write-ins for miscellaneous direct claims and							
	benefits paid	0	0 l	0	0 L.	0		
	All other benefits, except accident and health					0		
15.	Totals	49,741	0	0	0	49,741		
	DETAILS OF WRITE-INS							
1302.								
1303.								
1398.	Summary of Line 13 from overflow page	<u>0</u>	0	Q 	<u>0</u> 	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0		

	Oı	rdinarv	Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	Autount	Or. Ocraio.	7 tillount	OCITII3.	7 tillouit	140.	7 tillount	140.	Annount
prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current	1	49,741							1	49,741
year: 18.1 By payment in full 18.2 By payment on	1	49,741							1	49,741
compromised claims.		49,741		0	0	0	0	0	0 1	0 49.741
18.4 Reduction by compromise		,							0	0
18.5 Amount rejected									0	0
	1	49,741	0	0	0	0	0	0	1	49,741
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	37	3 , 162 , 525	٥	0	Ω	0	0	0	37	3 , 162 , 525
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(467, 604)							(2)	(467, 604)
23. In force December 31	0.5	0.004.004		(a)	0		0		0.5	0.004.004
of current year	35	2,694,921	0	0	0	0	0	0	35	2,694,921

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCOMANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.2 Credit (Group and Individual)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	0	0	0	0	0					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0					

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2009 LIFE INSURANCE

IAIC (Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					(
2.	Annuity considerations					(
	= -		XXX		XXX	
	Other considerations					(
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	
	Annuities: 7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				
	Matured endowments					
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts	0				
13.	Aggregate write-ins for miscellaneous direct claims and	^		^	_	
	benefits paid	0	J	U	U 	
	All other benefits, except accident and health	^	^	^		
15.	DETAILS OF WRITE-INS	U	U	U	U	
201	DETAILS OF WRITE-INS					
1302. 1302						
1303. 1308	Summary of Line 13 from overflow page	Λ	Λ	n	n 1	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0 N	0		0	
. 500.	Totalo (Elito 1001 tilla 1000 pias 1000) (Elito 10 above)	0	Ŭ	ŭ	٥	

	Or	dinary		edit Life Ind Individual)	(Group	In	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·		No. of Ind. Pols.	·	No. of	-	·	-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)		1				
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)	0	0							0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE INSURANCE NAIC Company Code							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance					0			
2.	Annuity considerations					0			
3.	Deposit-type contract funds		ХХХ		XXX	0			
	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0			
	6.4 Other	Λ	Λ			D			
	6.5 Totals (Sum of 6.1 to 6.4)		U			U			
	7.1 Paid in cash or left on deposit					 0			
	7.3 Other					 0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)			0	0				
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID				-				
9.	Death benefits	0				0			
	Matured endowments					0			
11.	Annuity benefits					0			
	Surrender values and withdrawals for life contracts	0				0			
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0			
	All other benefits, except accident and health					0			
15.	Totals	0	0	0	0	0			
	DETAILS OF WRITE-INS								
1302.									
1303.		^							
1398.	Summary of Line 13 from overflow page	U	0			<u>U</u>			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	Ü	U	U	0	0			

	Qı	dinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols.	·	No. of			Ü		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							٥	0
Settled during current										
year:									_	
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims .		0		Λ	Λ		^	Λ	D	0
18.3 Totals paid 18.4 Reduction by	0	0	0	0		0	0	0		0
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year				0	Ω	0	0	0	12	868 , 563
21. Issued during year									0	0
22. Other changes to in force	(4)	(00. 770)							(4)	(00. 770)
(Net)	(1)	(20,772)							(1)	(20,772)
	11	847.791	0	(a)	0	0	0	0	11	847,791
of current year	- 11	047,791	U	U	U	U	U	0		041,791

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE		AL 111 1110			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	' L	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 2 Credit Life (Group Ordinary and Individual)		3 Group	4 Industrial	5 Total	
1	Life insurance			Огоир	industrial	1 Otal	
2	Annuity considerations						
3	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·			
	Life insurance:						
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums						
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period						
	6.4 Other						
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0			
	Annuities:						
	7.1 Paid in cash or left on deposit						
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits						
	Matured endowments						
	Annuity benefits						
	Surrender values and withdrawals for life contracts	D					
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,	
4.4	benefits paid	U	D	0	U.	ال	
	Totals	0	Λ			اا	
15.	DETAILS OF WRITE-INS	U	U	U	U		
1201	DETAILS OF WRITE-INS						
1303.	Summary of Line 13 from overflow page	n	n	Λ	n		
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n				
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0		

	Oı	rdinarv		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	Annount	Or. Ocraio.	7 tillount	Ocitiis.	Annount	140.	7 tillount	110.	Annount
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise	0			0	0	0	0	0		0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	Folicies					
prior year	6	3,302,901	0	0	0	0	0	0	6	3.302.901
21. Issued during year								•	0	0
22. Other changes to in force (Net)									0	(131,963)
23. In force December 31	0	0.470.000	0	(a)	0	0	0		0	0.470.000
of current year	6	3,170,938	0	0	0	0	0	0	6	3,170,938

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2009

AIC Group Code 0549	LIFE	INSURANCI	<u> </u>	NAIC Company C	Code 64602	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations				VVV		
=		ХХХ		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0		
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID	-					
9. Death benefits	0					
10. Matured endowments						
11. Annuity benefits						
	0					
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	n	0	0	0		
15. Totals	Λ	n	Λ	Λ		
DETAILS OF WRITE-INS	U	U	U	U		
301.						
302						
303.		^	^	^		
398. Summary of Line 13 from overflow page	U	J	U	U		
399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	Ü		

	Oı	rdinarv		edit Life Ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,		7 4110 4110	000	7 1110 0110	0011.101	7 1110 0110		7 1110 0110		7 1110 1111
prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0		0	0	0	0	0	0	0
18.5 Amount rejected										0
	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
Jean (10 11 1010)	Ü	•		Ü	No. of	Ü		Ū		Ů.
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	2	254 , 167	٥	0	0	0	0	0	2	254 , 167
21. Issued during year				•					0	0
22. Other changes to in force (Net)	0	(16,809)							0	(16,809)
23. In force December 31				(a)						
of current year	2	237,358	0	0	0	0	0	0	2	237,358

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	NAIC Company Cod				
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	D	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	n	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Oı	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	_	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
	0	0							0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	9	1,282,934	0	0	0	0	0	0	9	1,282,934
									0	0
22. Other changes to in force										
(Net)	0	(105,393)							0	(105,393)
23. In force December 31				(a)						
of current year	9		0	0	0	0	0	0	9	1,177,541
a) Includes Individual Credit Li	fe Insurance	: prior year \$		cu	rrent year \$					
Includes Group Credit Life I Loans greater than 60 mon								rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid Or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group Policies (b)												
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only	,											
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0							

	-	-	•		
(b) For health business on indicated lines report: Number of personal	ons insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2009

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company	Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					
	endowment or premium-paying period					 0
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	
	7.2 Applied to provide paid-up annuities					
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	<u>0</u>	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	U	U	U	U	l
_	DIRECT CLAIMS AND BENEFITS PAID	00 500				00 500
9.	Death benefits	20,560				20 , 560
	Matured endowments					
	Annuity benefits	^				
	Surrender values and withdrawals for life contracts	0				L
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	(
11	All other benefits, except accident and health			U		
	Totals	20.560	Λ	n	Λ	20.560
15.	DETAILS OF WRITE-INS	20,500	U	U	U	20,300
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	Λ	Λ	n	Λ	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	U	
1099.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	0	0	0	0	

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	INO.	Amount	Gr. Gertiis.	Amount	Certiis.	Amount	NO.	Amount	NO.	Amount
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current	2	20,560							2	20,560
year: 18.1 By payment in full	2	20,560							2	20,560
18.2 By payment on compromised claims . 18.3 Totals paid	······································				0				0	0
18.4 Reduction by compromise						0		0		20,300
18.5 Amount rejected									0	0
18.6 Total settlements	2	20,560	0	0	0	0	0	0	2	20,560
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	16	2,228,667	0	0	0	0	0	0	16	2,228,667
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(161,748)							(1)	(161,748)
23. In force December 31 of current year	15	2,066,919	0	(a)	0	0	0	0	15	2,066,919
or current year	13	2,000,313	U	U	U	U	U	U	13	2,000,313

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE												
	1	2	3	4	5							
			Dividends Paid Or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group Policies (b)												
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively Renewable Policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0							
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0							



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance				madoma	0
2	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS	-				
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	79,583				79,583
10.	Matured endowments					0
	Annuity benefits					
	Surrender values and withdrawals for life contracts	312, 104				312, 104
13.	Aggregate write-ins for miscellaneous direct claims and				0	
	benefits paid		J	0	0	
	All other benefits, except accident and health					U
15.	Totals	391,687	U	U	0	391,687
1001	DETAILS OF WRITE-INS					
1303.	O	^	^	Λ		Λ
1398.	Summary of Line 13 from overflow page	U	J	U	h	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	0	U

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols. &	·	No. of		·	Ç		.•
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	2	79,583							2	79,583
Settled during current										
year: 18.1 By payment in full	2	70 502							2	79.583
18.2 By payment on		19,503							Z	19,000
									0	0
18.3 Totals paid	2	79 583	0	0	n	0	0	0		79 583
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	79,583	0	0	0	0	0	0	2	79,583
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year						0	0	0	85	16,103,619
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(4 EEO 000)							(10)	(4 550 000)
23. In force December 31	(10)	(1,550,800)		(a)					(10)	(1,550,800)
of current year	75	14,552,819	0	(a) N	0	0	0	0	75	14,552,819

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid Or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group Policies (b)												
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively Renewable Policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0							



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602		
		1	2	3	4	5
	DIRECT PREMIUMS	Outhern	Credit Life (Group	0	1.1.12.1	T.1.1
_	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					
	Annuity considerations		XXX		VVV	
	Deposit-type contract funds		ΛΛΛ			 0
	Totals (Sum of Lines 1 to 4)	Λ	0	0	0	 1
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS	0	V	•	•	
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	404.050				101 050
9.	Death benefits	121,856				121,856
-	Matured endowments					U
	Annuity benefits					U
	Surrender values and withdrawals for life contracts	U				U
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14	All other benefits, except accident and health					 1
	Totals	121.856	0	0	0	121.856
10.	DETAILS OF WRITE-INS	121,000	Ů	Ů	•	121,000
1301	DETAILS OF WRITE-INS					
1302						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0
	Totals (Ellie Total tilla 1000 piao 1000) (Ellie To above)	<u> </u>	ů	ů l	<u> </u>	

	Oı	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of		-	-				
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	٥	0	0	0	0	0	0	0
17. Incurred during current										
year	4	121,856							4	121,856
Settled during current										
year:										
18.1 By payment in full	4	121,856							4	121,856
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	4	121,856	0	0	0	0	0	0	4	121,856
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	121,856	0	0	0	0	0	0	4	121,856
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year21. Issued during year	80	6 , 358 , 142	0	0	٥	0	0	0	80	6,358,142
									0	0
22. Other changes to in force										
(Net)	(5)	(674,335)							(5)	(674,335)
23. In force December 31				(a)						
of current year	75	5,683,807	0	0	0	0	0	0	75	5,683,807

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$.. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEAETH INCOMANCE												
	1	2	3	4	5							
			Dividends Paid Or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group Policies (b)												
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively Renewable Policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)												
25.3 Non-renewable for stated reasons only (b)												
25.4 Other accident only												
25.5 All other (b)												
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0							
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0							

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	U	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	n	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Oi	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	.0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT	· ·	0	U	0	No. of Policies	0	U	0	U	0
20. In force December 31,				(a)						
prior year	0	0	Ω	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)	0	0							0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	: prior year \$		cu	rrent year \$					

ACCIDENT AND HEALTH INSURANCE

Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

.... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct League						
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred						
		Earrieu	Dusilless	Direct Losses Faid	incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)	L										
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0						
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0						



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE INSURANCE NAIC Company Coo						
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary			Industrial	Total		
1.	Life insurance					0		
2.	Annuity considerations					0		
3.	Deposit-type contract funds		XXX		ХХХ	0		
	Other considerations					0		
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0		
	6.2 Applied to pay renewal premiums					0		
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4) Annuities:		0	0	U .	0		
	7.1 Paid in cash or left on deposit					U		
	7.2 Applied to provide paid-up annuities							
	7.3 Other		n	n	0	 N		
8	Grand Totals (Lines 6.5 plus 7.4)	0 N	h	0		 0		
0.	DIRECT CLAIMS AND BENEFITS PAID	U	Ů	0	· ·	0		
a	Death benefits	0				0		
	Matured endowments					0		
	Annuity benefits					0		
	Surrender values and withdrawals for life contracts	0				0		
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0		
14.	All other benefits, except accident and health					0		
15.	Totals	0	0	0	0	0		
	DETAILS OF WRITE-INS							
1302.								
	Summary of Line 13 from overflow page	J	0	ŏ -	······ő ŀ	ŏ		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0		

	O	rdinarv		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	Δ	5	6 6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	. 0110103					
prior year	6	450 , 172	0	0	0	0	0	0	6	450 172
21. Issued during year									0	00,172
22. Other changes to in force										
(Net)	0	(41,277)							0	(41,277)
23. In force December 31		-(, ,		(a)						. , ,
of current year	6	408,895	0	0	0	0	0	0	6	408,895

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	I



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2009 LIFE INSURANCE NAIC Company Code 64602

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company	Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
	Annuity considerations					0
	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other		Λ	Λ	Λ	U
	6.5 Totals (Sum of 6.1 to 6.4)			U		
	7.1 Paid in cash or left on deposit					 0
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		_	-	-	
9.	Death benefits	0				0
10.	Matured endowments					0
11.	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.	0	<u> </u>	Λ	Λ	^	Λ
1398.	Summary of Line 13 from overflow page	J	0		U	U
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	U	U

	Oi	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			No. of Ind. Pols.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full 18.2 By payment on	0	0							0	0
compromised claims . 18.3 Totals paid	0	0	0	0	0	0	0	0	0 0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected 18.6 Total settlements	0		n	0	0	Λ	0	Λ	 0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	8	739,403
21. Issued during year									0 n	
23. In force December 31 of current year	8	660,133	0	(a) 0	0	0	0	0	8	660,133

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE		AL 111 1110			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2009 LIFE INSURANCE NAIC Company Code 64602

NAIC (Group Code 0549	LIFE INSURANCE NAIC Company Code						
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance					0		
2.	Annuity considerations					0		
3.	Deposit-type contract funds		ХХХ		XXX	0		
	Other considerations					0		
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0		
	6.2 Applied to pay renewal premiums					0		
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4)		U .	υ	U			
	7.1 Paid in cash or left on deposit					 		
	7.3 Other					 1		
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID	-		-	-			
9.	Death benefits	0				0		
10.	Matured endowments					0		
	Annuity benefits					0		
	Surrender values and withdrawals for life contracts	0				0		
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0		
	All other benefits, except accident and health					Ω		
15.	Totals	0	0	0	0	0		
400:	DETAILS OF WRITE-INS							
1302.								
1303.	Cummon of Line 12 from quartery name	Λ	^	Λ				
1398.	Summary of Line 13 from overflow page	U	0	h		 n		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	Ü	U	U		

	Or	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·		No. of Ind. Pols.	·	No. of	-	·	-			
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year Settled during current	0	0							0	0	
year: 18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims.									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)		1					
prior year	0	0	0	0	0	0	0	0	0	0	
21. Issued during year									0	0	
22. Other changes to in force (Net)	0	0							0	0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0						
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0						



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2009 LIFE INSURANCE

IAIC (Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					(
2.	Annuity considerations					(
	= -		XXX		XXX	
	Other considerations					(
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	
	Annuities: 7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				
	Matured endowments					
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts	0				
13.	Aggregate write-ins for miscellaneous direct claims and	^		^	_	
	benefits paid	0	J	U	U 	
	All other benefits, except accident and health	^	^	^		
15.	DETAILS OF WRITE-INS	U	U	U	U	
201	DETAILS OF WRITE-INS					
1302. 1302						
1303. 1308	Summary of Line 13 from overflow page	Λ	Λ	n	n 1	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0 N	0		0	
. 500.	Totalo (Elito 1001 tilla 1000 pias 1000) (Elito 10 above)	0	Ŭ	ŭ	٥	

	0	Ordinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			No. of Ind. Pols.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full 18.2 By payment on	0	0							0	0
compromised claims.	0	0	0	0	0	0	0	0	0 0	0 0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									D	0
18.6 Total settlements	0	0	0	0	0	0	0	0		0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	184 , 295	0	(a) 0	0	0	0	0	2	184,295
21. Issued during year									0	0
22. Other changes to in force (Net)									0	(8,708)
23. In force December 31 of current year	2	175,587	0	(a) 0	0	0	0	0	2	175,587

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0						
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0						



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2009

IAIC (Group Code 0549	LIFE INSURANCE NAIC Company Code 64602								
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
	Life insurance									
	Annuity considerations									
	Deposit-type contract funds		XXX		XXX					
	Other considerations									
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0					
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit									
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other									
	6.5 Totals (Sum of 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0					
	7.2 Applied to provide paid-up annuities		0	0	0					
8	7.4 Totals (Sum of Lines 7.1 to 7.3)	0 N	0		0					
0.	DIRECT CLAIMS AND BENEFITS PAID	· · ·	· ·		•					
a	Death benefits	0								
10.	Matured endowments Annuity benefits									
	Surrender values and withdrawals for life contracts									
	Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0					
14.	All other benefits, except accident and health									
<u>15</u> .	Totals	0	0	0	0					
	DETAILS OF WRITE-INS									
302.										
303.										
	Summary of Line 13 from overflow page	j		<u>0</u>	j					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0					

	Oı	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,		7 4110 4110	011 00111101	74.1104.11	00110.	7 1110 01110		711104111		7 1110 0110	
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0	
year Settled during current	0	0							0	0	
year: 18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims									0	0	
18.3 Totals paid 18.4 Reduction by compromise	0	0		0	0	0	0	0			
18.5 Amount rejected									 N	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)	1 Olicies						
prior year	2	130 , 434	0	0	0	0	0	0	2	130 , 434	
21. Issued during year									0	0	
22. Other changes to in force (Net)	0	(21,408)							0	(21,408)	
23. In force December 31	0	100,000	0	(a)	_	_	^	^	0	100,000	
of current year	2	109,026	U	U	U	U	0	0	2	109,026	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

Indemnity only products



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2009

		LIEE	INSURANC	· C	DOMINO THE H	
NAIC (Group Code 0549	LIFE	INSURANC		NAIC Company	Code 64602
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	76,483				76,483
10.	Matured endowments					0
	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					
15.	Totals	76,483	0	0	0	76,483
400:	DETAILS OF WRITE-INS					
1302.						
1303.						
	Summary of Line 13 from overflow page	0	J		0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	0	U	U	U

	O	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,	140.	Amount	Gr. Gertiis.	Amount	Certiis.	Amount	NO.	Amount	110.	Amount	
prior year	0	0	0	0	0	0	0	0	0	0	
year Settled during current	1	76,483							1	76,483	
year: 18.1 By payment in full 18.2 By payment on	1								1		
compromised claims.	1					0			0 1	0 76 483	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
	1		0	0	0	0	0	0	1		
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)							
prior year	19	3,256,261	٥	0	٥	0	0	0	19	3,256,261	
21. Issued during year									0	0	
22. Other changes to in force (Net)	(3)	(676,053)							(3)	(676,053)	
23. In force December 31	40	0 500 000		(a)			•			0 500 000	
of current year	16	2,580,208	0	0	0	0	0	0	16	2,580,208	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE											
	1	2	3	4	5						
			Dividends Paid Or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Program premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0						
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0						



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	U	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	n	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Oı	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	_	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
	0	0							0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year	1	N3 252	n	(a)	No. of Policies	0	n	0	1	//3 2F3
04 1 1 1 1		40,000		0		0		0	······	40,000
22. Other changes to in force									0	0
(Net)	٥	6,990							n	6.990
23. In force December 31		, 350		(a)						, შში
of current year	1	50.343	0	(a) 0	0	n	0	0	1	50,343
a) Includes Individual Credit Li	fe Insurance				rrent year \$	Ů,	0	V	'	00,040
Includes Group Credit Life I Loans greater than 60 mont	nsurance: L	oans less than or	equal to 60 i	months at issue, p	rior year \$			rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE									
	1	2	3	4	5				
			Dividends Paid Or						
		Direct Premiums	Credited On Direct		Direct Losses				
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24. Group Policies (b)									
24.1 Federal Employees Health Benefits Program premium (b)	L								
24.2 Credit (Group and Individual)	MA								
24.3 Collectively Renewable Policies (b)									
24.4 Medicare Title XVIII exempt from state taxes or fees									
Other Individual Policies:									
25.1 Non-cancelable (b)									
25.2 Guaranteed renewable (b)									
25.3 Non-renewable for stated reasons only (b)									
25.4 Other accident only									
25.5 All other (b)									
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0				
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0				

	-	-	•		
(b) For health business on indicated lines report: Number of person	ons insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSUKANO	NAIC Company Code 64602			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1	Life insurance		,	Огоир	industrial	1 Otal	
2	Annuity considerations					 N	
3	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS		-	·			
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0				0	
10.	Matured endowments					0	
	Annuity benefits					0	
	Surrender values and withdrawals for life contracts	0				0	
13.	Aggregate write-ins for miscellaneous direct claims and					_	
	benefits paid	0	0	0	0	0	
	All other benefits, except accident and health						
15.	Totals	0	0	0	0	U	
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of Line 13 from overflow page	J	0	0	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	

	Oı	rdinary	Credit Life (Group and Individual)		Group		Industrial		Total		
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	_	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount	
16. Unpaid December 31,											
	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year	0	0							0	0	
Settled during current											
year:											
18.1 By payment in full	0	0							0	0	
18.2 By payment on											
compromised claims.									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by											
compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current											
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31, prior year	10	1 232 802	0	(a)0	No. of Policies	0	0	0	10	1,232,802	
21. Issued during year	10	1 , 232 , 002		0		0		0	10		
									0	0	
22. Other changes to in force (Net)	0	(44 660)							0	(41,660)	
23. In force December 31	0	(41,000)								(41,000)	
of current year	10	1,191,142	0	(a) 0	0	٥	0	0	10	1,191,142	
, , , , , , , , , , , , , , , , , , , ,					-	U	0	U	10	1,131,142	
Includes Group Credit Life I) Includes Individual Credit Life Insurance: prior year \$ current										

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE									
	1	2	3	4	5				
			Dividends Paid Or						
		Direct Premiums	Credited On Direct		Direct Losses				
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24. Group Policies (b)									
24.1 Federal Employees Health Benefits Program premium (b)	L								
24.2 Credit (Group and Individual)	MA								
24.3 Collectively Renewable Policies (b)									
24.4 Medicare Title XVIII exempt from state taxes or fees									
Other Individual Policies:									
25.1 Non-cancelable (b)									
25.2 Guaranteed renewable (b)									
25.3 Non-renewable for stated reasons only (b)									
25.4 Other accident only									
25.5 All other (b)									
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0				
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0				

	-	-	•		
(b) For health business on indicated lines report: Number of person	ons insured under PPO	managed care products	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company (Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance		,	,		0
2.	Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)Annuities:		0		0	
	7.1 Paid in cash or left on deposit					U
	7.2 Applied to provide paid-up annuities					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	Λ	0	 0
8	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	n I	0
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID		Ů	•	· ·	
9	Death benefits	0				0
	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	132,221				132,221
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	132,221	0	0	0	132,221
	DETAILS OF WRITE-INS					
1302.						
			^			
	Summary of Line 13 from overflow page	0	0			0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	U	U	0	U

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.		No. of		·			
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on									0	0
compromised claims .		0	^		Λ					0
18.3 Totals paid 18.4 Reduction by		0	0	0		0	0	0	0	0
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	24		0	0	0	0	0	0	24	4,333,721
21. Issued during year									0	0
22. Other changes to in force	0	(0.40, 000)								(0.40, 000)
(Net)	0	(349,888)							0	(349,888)
	24	3,983,833	0	(a)	0	0	0		24	3,983,833
of current year	24	ა, ყია, გვვ	U	U	U	U	U	Ü	24	ა, ყია, გაა

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE									
	1	2	3	4	5				
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct Leases				
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred				
		Earrieu	Dusiness	Direct Losses Faid	incurred				
24. Group Policies (b)									
24.1 Federal Employees Health Benefits Program premium (b)	L								
24.2 Credit (Group and Individual)									
24.3 Collectively Renewable Policies (b)									
24.4 Medicare Title XVIII exempt from state taxes or fees									
Other Individual Policies:									
25.1 Non-cancelable (b)									
25.2 Guaranteed renewable (b)									
25.3 Non-renewable for stated reasons only (b)									
25.4 Other accident only									
25.5 All other (b)					***************************************				
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0				
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0				



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2009

1410	2 O-d- 0E40	LIFE	INSURANC	F	NAIG	AIX 2000
IAIC (Group Code 0549	1	2	3	NAIC Company C	ode 04002 5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance	,	,	'		
2.	Annuity considerations					
	Deposit-type contract funds		ХХХ		XXX	
	Other considerations					
	Totals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit	-				
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
	6.4 Other		0	0	0	
	7.1 Paid in cash or left on deposit					
	7.4 Totals (Sum of Lines 7.1 to 7.3)			0	n	
8	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID	•	Ů	Ů		
a	Death benefits	0				
	Matured endowments					
	Annuity benefits					
12	Surrender values and withdrawals for life contracts.	0				
	Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	
14.	All other benefits, except accident and health					
15.	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
301.						
302.						
303.						
398.	Summary of Line 13 from overflow page	0	0	0	0	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	

	Or	dinary		edit Life Ind Individual)	(Group	In	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·		No. of Ind. Pols. &	·	No. of	-	·	-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)		1				
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)	0	0							0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$
current year \$
current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIH INSU	JNANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	_				
24.2 Credit (Group and Individual)	NO				
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2009

	31113			_	DOMINO THE	
NAIC C	Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602		
	DIDECT DEFINITIO	1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1	Life insurance					0
	Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
<u> </u>	DIRECT DIVIDENDS TO POLICYHOLDERS	· ·	Ü	Ů	•	Ů
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					n
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)			0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other		•			0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<u> </u>	DIRECT CLAIMS AND BENEFITS PAID	· ·	•	•		
۵	Death benefits	0				0
	Matured endowments		• • • • • • • • • • • • • • • • • • • •			0
	Annuity benefits					0
12	Surrender values and withdrawals for life contracts	2 065 467				2.065.467
	Aggregate write-ins for miscellaneous direct claims and	2,000,407				2,000,407
10.	benefits paid	0	0	0	0	0
14	All other benefits, except accident and health					0
	Totals	2,065,467	0	0	0	2,065,467
	DETAILS OF WRITE-INS	2,000,101	Ü	Ů	•	2,000,101
1301	DETAILS OF WINTE-ING					
1302.						

1398	Summary of Line 13 from overflow page	n	n	n	n	n
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	0	n l	0	0
1000.	Totals (Lines 1001 tina 1000 plus 1000) (Line 10 above)	<u> </u>	V	0		V

	0	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of			-				
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by									_	
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current		_	_			_	_			
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
					Policies					
20. In force December 31,	06	12 001 642	0	(a)	0	0	0	0	06	12 001 642
prior year	96	13,891,043		0		0	0	0	96	13,891,643
21. Issued during year									0	0
(Net)	(5)	(2 022 066)							(5)	(2 022 066)
23. In force December 31	(0)	(2,922,000)		(a)					(0)	(2,922,000)
of current year	91	10,969,577	0	(a)	0	0	0	0	91	10,969,577
Of current year		10,000,011	U	U	U	U	U	U	31	10,000,011

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE		AL 111 1110			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2009 LIFE INSURANCE

AIC Group Code 0549			INSURAINC		NAIC Company Code 64602		
DIRECT PREMIU	-	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDE		Ordinary	and Individual)	Group	Industrial	Total	
Life insurance							
Annuity considerations							
Deposit-type contract funds					XXX		
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)		0	U	U	Ü		
DIRECT DIVIDENDS TO	POLICYHOLDERS						
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premit							
6.3 Applied to provide paid-up add endowment or premium-payi							
6.4 Other							
6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	0		
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up and	nuities						
7.3 Other							
7.4 Totals (Sum of Lines 7.1 to 7.3	3)	0	0	0	0		
8. Grand Totals (Lines 6.5 plus 7.4)	,	0	0	0	0		
DIRECT CLAIMS AND	BENEFITS PAID						
9. Death benefits		0					
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals	for life contracts	0					
13 Aggregate write-ins for miscellane	ous direct claims and						
benefits paid		0	0	0	0		
14. All other benefits, except accident	and health						
15. Totals		0	0	0	0		
DETAILS OF WRITE-INS							
301							
302.							
303							
398. Summary of Line 13 from overflow	v page	0	0	0	0 I		
399. Totals (Lines 1301 thru 1303 plus	1398) (Line 13 above)	0	0	0	0		

	Oı	dinary		edit Life ind Individual)	(Group	In	dustrial		Total
ŀ	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of	-		-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	٥	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on									0	0
compromised claims 18.3 Totals paid		0	0	Λ	Λ	Λ	Λ	Λ		0
18.4 Reduction by	0	0	0	0	0	0	0	0		0
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current				***************************************						
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	1	24,481	0	0	0	0	0	0	1	24,481
21. Issued during year									0	0
22. Other changes to in force	_								_	
(Net)	0	258							0	258
23. In force December 31	4	04.700	0	(a)		0	0		,	04.700
of current year	1	24,739	0	0	0	Ü	0	0	1	24,739

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

	-		· ·		<u> </u>
(b) For health business on indicated lines report: Number of	of persons insured under PPO I	managed care product	S	and number of pers	sons insured under
Indemnity only products					



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2009

	Cicgon			DOMING THE TEAM 2000			
NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
2.	Annuity considerations					0	
3.	Deposit-type contract funds		XXX		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period						
	6.4 Other					0	
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0		
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0				0	
10.	Matured endowments						
	Annuity benefits					0	
	Surrender values and withdrawals for life contracts	0					
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	0	
	All other benefits, except accident and health					Ω	
15.	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of Line 13 from overflow page	0	0	0	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	

	O	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,	110.	7 1110 0110	Or. Cortilo.	7 unount	oortiio.	7 tillouit	140.	7 11100111	110.	7 tillount	
prior year	0	0	0	0	0	0	0	0	0	0	
year Settled during current	0	0							0	0	
year: 18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims.		0							0	0	
18.3 Totals paid 18.4 Reduction by compromise	0			0	U	0	0	0		0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)	1 Olicies						
prior year	29	3,693,287	0	0	0	0	0	0	29	3,693,287	
21. Issued during year				•					0	0	
22. Other changes to in force (Net)	(1)	(596,743)							(1)	(596,743)	
23. In force December 31	00	2 006 544	^	(a)	^		^		00	2 006 544	
of current year	28	3,096,544	U	0	0	0	0	0	28	3,096,544	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

Indemnity only products



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE	INSURANC	E	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	•	,)	
2.	Annuity considerations					(
3.	Deposit-type contract funds		XXX		XXX	(
	Other considerations					(
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					J	
	6.2 Applied to pay renewal premiums						
	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other						
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0		
	Annuities: 7.1 Paid in cash or left on deposit						
	7.1 Paid in cash of left of deposit						
	7.3 Other						
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0					
	Matured endowments						
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts	0					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		
	All other benefits, except accident and health						
15.	Totals	0	0	0	0	(
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of Line 13 from overflow page	0		0	Q 		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		

	Oı	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,	140.	Annount	Or. Ocraio.	7 tillount	Ocitiis.	7 tillouit	140.	7 tillount	140.	Annount	
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0	
year Settled during current	0	0							0	0	
year: 18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims		0							0	0	
18.3 Totals paid 18.4 Reduction by compromise	0			0	0	0	0	0		0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
, ,					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31,				(a)							
prior year		5,744,382	0	0	0	0	0	0	49	5,744,382	
21. Issued during year									0	0	
22. Other changes to in force (Net)	(3)	(677 , 330)							(3)	(677, 330)	
23. In force December 31 of current year	46	5,067,052	0	(a)	0	0	0	0	46	5,067,052	
oi current year	40	5,007,052	U	U	U	U	U	U	40	5,007,052	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under Indemnity only products



DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549		INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance			Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	(
	DIRECT DIVIDENDS TO POLICYHOLDERS	-		·		
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	D				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,
4.4	benefits paid	U	U	0	U.	ال
	Totals	0	Λ			اا
15.	DETAILS OF WRITE-INS	U	U	U	U	
1201	DETAILS OF WRITE-INS					
1303.	Summary of Line 13 from overflow page	n	n	Λ	n	
1390.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	 n			
1099.	Totals (Lines 1501 tillu 1505 plus 1596) (Line 15 above)	U	0	0	0	

	Oi	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	.0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT	· ·	0	U	0	No. of Policies	0	U	0	U	0
20. In force December 31,				(a)						
prior year	0	0	Ω	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)	0	0							0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit Li	ife Insurance	: prior year \$		cu	rrent year \$					

ACCIDENT AND HEALTH INSURANCE

Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

.... current year \$... current year \$

ACCIDLI	NI AND IIL	ALIII III 30	JIVANCE		
	1	2	3	4	5
		Direct Premiume	Dividends Paid Or Credited On Direct		Direct League
	Direct Premiums	Direct Premiums Earned	Business	Direct Losses Paid	Direct Losses Incurred
		Earrieu	Dusilless	Direct Losses Faid	incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE INSURANCE NAIC Company Code 6							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance					0			
	Annuity considerations					0			
	Deposit-type contract funds		ХХХ		XXX	0			
	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0			
	6.4 Other		Λ	Λ	Λ	U			
	6.5 Totals (Sum of 6.1 to 6.4)			U					
	7.1 Paid in cash or left on deposit					 0			
	7.3 Other								
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0			
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID		_	-	-				
9.	Death benefits	0				0			
10.	Matured endowments					0			
11.	Annuity benefits					0			
	Surrender values and withdrawals for life contracts	0				0			
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0			
	All other benefits, except accident and health					0			
15.	Totals	0	0	0	0	0			
	DETAILS OF WRITE-INS								
1302.									
1303.	0	<u> </u>	Λ	Λ	^	Λ			
1398.	Summary of Line 13 from overflow page	J	0		U	U			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	U	U			

	Qi	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols.	·	No. of	Ç	·	, and the second	Č	.0	
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,											
prior year	0	0	٥	0	0	0	0	0	٥	0	
17. Incurred during current											
year	0	0							٥	0	
Settled during current											
year:											
18.1 By payment in full	0	0							0	0	
18.2 By payment on											
compromised claims .									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current											
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
BOLLOV EVIUDIT					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31,	4	200, 202	0	(a)	0	0	0	0	,	200 200	
prior year				0	0	0	0	0	4	296,202	
21. Issued during year									0	0	
22. Other changes to in force (Net)	0	(19.510)							0	(19.510)	
23. In force December 31		(10,010)		(a)						(10,010)	
of current year	4	276,692	0	0	0	0	0	0	4	276,692	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEAETH INCONANCE										
	1	2	3	4	5					
			Dividends Paid Or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group Policies (b)										
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively Renewable Policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)										
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	0	0	0	0	0					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0					

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2009

	oddii daloiila			_	DOMINO THE I			
NAIC (Group Code 0549	LIFE INSURANCE NAIC Company Code						
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance					0		
2.	Annuity considerations					0		
3.	Deposit-type contract funds		ХХХ		XXX	0		
4.	Other considerations					0		
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	Life insurance:							
	6.1 Paid in cash or left on deposit					0		
	6.2 Applied to pay renewal premiums					0		
	6.3 Applied to provide paid-up additions or shorten the							
	endowment or premium-paying period					0		
	6.4 Other					0		
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0		
	Annuities:							
	7.1 Paid in cash or left on deposit					0		
	7.2 Applied to provide paid-up annuities					0		
	7.3 Other					0		
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits	0				0		
	Matured endowments					0		
	Annuity benefits					0		
		0				0		
	Aggregate write-ins for miscellaneous direct claims and							
	benefits paid	0	0	0	0	0		
14.	All other benefits, except accident and health					0		
	Totals	0	0	0	0	0		
	DETAILS OF WRITE-INS	-	·		1	<u>*</u>		
1301	DETAILS OF WAITE INC							
1302.								
		•						
	Summary of Line 13 from overflow page	n	n	0	n	n		
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	n l	n I	n l	 N		
1000.	Totals (Lines 1001 tilla 1000 plas 1000) (Line 10 above)	· · · · · · · · · · · · · · · · · · ·	Ů,	<u> </u>	Ů			

	Oı	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Γotal
,	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	_	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,	-								-	
	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year	14	3 427 500	0	(a)0	No. of Policies	0	0	0	14	3.427.500
21. Issued during year	14	, 421, 300		0		0		0	n	۱۵۵۰, ۱۲۴, د
22. Other changes to in force										0
(Net)	(1)	(472 377)							(1)	(472,377)
23. In force December 31	(1)	(412,011)		(a)					(1)	(412,311)
of current year	13	2,955,123	0	(a) 0	0	0	0	0	13	2,955,123
a) Includes Individual Credit Li					rrent year \$	Ü	Ŭ	· ·	10	2,000,120
Includes Group Credit Life I Loans greater than 60 mon	nsurance: L	oans less than or	equal to 60 i	months at issue, p	rior year \$			rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	AI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	L				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

-: 10taio (Eii100 E : E :				•			
(b) For health business	on indicated lines	s report: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products							



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company (Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		ХХХ		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					U
	6.5 Totals (Sum of 6.1 to 6.4)					υ
	7.1 Paid in cash or left on deposit					
	7.3 Other					 0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	-				
9.	Death benefits	36,401				36,401
10.	Matured endowments					0
11.	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	36,401	0	0	0	36,401
	DETAILS OF WRITE-INS					
1302.						
1303.	Cumman of Line 12 from a conflour page	0	Λ	0		Λ
1398.	Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	0		h	 n
1399.	Totals (Lines 1301 tillu 1303 plus 1390) (Line 13 above)	0	U	U	U	U

	Qi	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			No. of Ind. Pols. &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	٥	0	Ω	0	0	0	0	0
17. Incurred during current										
year	1	36,401							1	36,401
Settled during current										
year: 18.1 By payment in full	1	26 401							1	36.401
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	1		0	0		0	0	0	1	36,401
18.4 Reduction by		,								, i
compromise									0	0
18.5 Amount rejected									Ω	0
18.6 Total settlements	1	36 , 401	0	0	0	0	0	0	1	36,401
19. Unpaid Dec. 31, current	0	0				0				0
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	Folicies					
prior year	11	1 199 2/12	٥	(a) 0	n	0	n	0	11	1 199 2/12
21. Issued during year						0			0	
22. Other changes to in force										
(Net)	(1)	(100,465)							(1)	(100,465)
23. In force December 31				(a)						
of current year	10	1,098,777	0	0	0	0	0	0	10	1,098,777

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE		AL 111 1110			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2009 LIFE INSURANCE

NAIC C	Group Code 0549	LIFE	INSURANC	E	NAIC Company C	Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other			^		U
	6.5 Totals (Sum of 6.1 to 6.4)			U		
	7.1 Paid in cash or left on deposit					
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID			-		
9.	Death benefits	0				0
10.	Matured endowments					0
	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.	0	^		^		
	Summary of Line 13 from overflow page	U		h	U	U
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	Ü	U	U	U

Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1	,	3	4	5	6	7	8	9	10
No		No. of Ind. Pols. &	Amount	No. of	-	No	-		Amount
	7	011 0014101	7 0	00110.	7 4110 4110		7 1110 01110		7 1110 0110
0	0	0	0	0	0	0	0	0	0
0	0							0	0
0	0							0	0
								0	0
			0	0	0	0	0	0	
									0 N
0	.0		0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
Ť				No. of	,	,	· · ·		
				Policies					
			(a)						
13			0	0	0	0	0	13	
								0	0
0	(471,804)							0	(471,804)
13	3 967 620	n	(a)	n	٥	n	0	13	3,967,620
	1 No00000	1 2 No. Amount	1 2 3 No. of Ind. Pols. & Gr. Certifs.	1 2 3 4 No. of Ind. Pols. & Amount No. Amount Gr. Certifs. Amount	1 2 3 4 5 No. of Ind. Pols. & No. of Certifs. No. of Certifs. Amount Certifs.	1 2 3 4 5 6 No. of Ind. Pols. & Amount Certifs. Amount	1 2 3 No. of Ind. Pols. 8 Amount Certifs. Amount No. No. of Certifs. Amount No. 0	1 2 3 No. of Ind. Pols. & No. of Ind. Pols. & Amount No. of Certifs. Amount <td< td=""><td>No. of Ind. Pols. & Amount Gr. Certifs. Amount No. Amount No. Amount No. O O O O O O O O O O O O O O O O O O O</td></td<>	No. of Ind. Pols. & Amount Gr. Certifs. Amount No. Amount No. Amount No. O O O O O O O O O O O O O O O O O O O

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2009 LIFE INSURANCE

NAIC C	Group Code 0549	LIFE	INSURANC	E	NAIC Company C	ode 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other	Λ	Λ	0	Λ	 N
	Annuities: 7.1 Paid in cash or left on deposit					
	7.1 Paid in cash of left of deposit					
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	76,288				76,288
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	249,924				249,924
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	326,212	0	0	0	326,212
	DETAILS OF WRITE-INS					
1302.						
1303.	0	^		^	^	
	Summary of Line 13 from overflow page	U		U		U
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	U	U

	Ordinary		Credit Life (Group and Individual)		(Group		dustrial	Total	
	1	2	3	Δ	5	6 6	7	8	9	10(a)
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	NO.	Amount	Gr. Gertiis.	Amount	Ocitiis.	Amount	NO.	Amount	INO.	Amount
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current	1	76,288							1	76,288
year: 18.1 By payment in full 18.2 By payment on	1	76,288							1	
compromised claims.	1	76,288	0	0	0	0	0	0	0 1	0 76,288
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	76,288	0	0	0	0	0	0	1	76,288
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12	2,435,789	0	(a) 0	0	0	0	0	12	2,435,789
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(182,642)							(1)	(182,642)
23. In force December 31 of current year	11	2,253,147	0	(a) 0	0	0	0	0	11	2,253,147

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2009

IAIC (Group Code 0549	LIFE	NAIC Company (NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					
	Annuity considerations					
	Deposit-type contract funds		ХХХ		XXX	
	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period Other					
	6.5 Totals (Sum of 6.1 to 6.4)	0		0	0	
	7.1 Paid in cash or left on deposit					
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				
10.	Matured endowments					
	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	0				
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	
14.	All other benefits, except accident and health					
15.	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
301.						
302.						
303.						
398	Summary of Line 13 from overflow page	0	0	0 1	0	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	ñ	0	0	0	

	Or	dinary	Credit Life (Group and Individual)		Group		Industrial			Total	
1	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·		No. of Ind. Pols. &	·	No. of	-	·	-			
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year Settled during current	0	0							0	0	
year: 18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims.									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)		1					
prior year	0	0	0	0	0	0	0	0	0	0	
21. Issued during year									0	0	
22. Other changes to in force (Net)	0	0							0	0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$
current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b).					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

-: 10taio (Eii100 E : E ii	<u> </u>		20.0)		•	•		
(b) For health business of	on indicated	lines report	: Number of persor	ns insured under PPO	managed care products	3	and number of pers	sons insured under
Indemnity only products								



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2009

AIC Group Code 0549	LIFE	INSURANC	E	NAIC Company C	ode 64602
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance					
Annuity considerations					
		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID		<u> </u>			
9. Death benefits	23 201				23.2
10. Matured endowments	20,201				20 , 2
11. Annuity benefits	• • • • • • • • • • • • • • • • • • • •				
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health					
15. Totals	23.291	n	Λ	n	23.2
DETAILS OF WRITE-INS	20,201	U	U	0	20,2
301.					
302					
308.		Λ			
398. Summary of Line 13 from overflow page	U	J	U	U	
399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	U	U	U	Ü	

				Credit Life							
	0	rdinary	(Group a	ind Individual)	(Group	In	dustrial	-	Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH			No. of								
BENEFITS AND MATURED			Ind. Pols.								
ENDOWMENTS			&		No. of						
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,											
prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year	1	23,291							1	23,291	
Settled during current											
year:											
18.1 By payment in full	1	23,291							1	23,291	
18.2 By payment on											
compromised claims .									0	0	
18.3 Totals paid	1	23,291	0	0	0	0	0	0	1	23,291	
18.4 Reduction by											
compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	1	23,291	0	0	0	0	0	0	1	23,291	
19. Unpaid Dec. 31, current	0	0	0	0		0			0		
year (16+17-18.6)	0	0	0	0	0	0	0	U	0	U	
DOLLOW EXCURIT					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31,	,	444 740	0	(a)		0				444 740	
prior year				0		0	0	0	4	144 , 743	
21. Issued during year									0	0	
22. Other changes to in force (Net)	(4)	(24, 442)							(4)	(31.443)	
23. In force December 31	(1)	(31,443)							(1)	(31,443)	
	3	113.300	0	(a) 0	0	0	0	0	2	113.300	
of current year	3	113,300	U	U	U	0	U	U	3	113,300	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

, (33)21		<i>,</i>			
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b).					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b) 25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

-: 10taio (Eii100 E 1 E 11	<u> </u>		/		•		· ·	•	<u> </u>
(b) For health business of	n indicate	ed lines r	report: Numl	per of persor	ns insured under PPO	managed care products		and number of pers	sons insured under
Indemnity only products									



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE INSURANCE NAIC Company Code							
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance					0			
2.	Annuity considerations					0			
3.	Deposit-type contract funds		ХХХ		XXX	0			
	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0			
	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0			
	6.4 Other	Λ	Λ			D			
	6.5 Totals (Sum of 6.1 to 6.4)		U			U			
	7.1 Paid in cash or left on deposit					 0			
	7.3 Other					 0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)			0	0				
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID				-				
9.	Death benefits	0				0			
	Matured endowments					0			
11.	Annuity benefits					0			
	Surrender values and withdrawals for life contracts	0				0			
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0			
	All other benefits, except accident and health					0			
15.	Totals	0	0	0	0	0			
	DETAILS OF WRITE-INS								
1302.									
1303.		^							
1398.	Summary of Line 13 from overflow page	U	0			<u>U</u>			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	Ü	U	U	0	0			

	O	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount	
16. Unpaid December 31,											
prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year	0	0							0	0	
Settled during current											
year:											
18.1 By payment in full	0	0							0	0	
18.2 By payment on compromised claims.									0	0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	0	
· ·									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
year (10 · 11 · 10.0)	0	Ů	Ů	Ů	No. of	Ů	Ů	•	Ů	Ů	
POLICY EXHIBIT					Policies						
20. In force December 31,				(a)							
prior year	1	68.924	0	0	0	0	0	0	1	68.924	
21. Issued during year								***************************************	0	0	
22. Other changes to in force											
(Net)	0	(7,241)							0	(7,241)	
23. In force December 31		, , ,		(a)						, ,	
of current year	1	61,683	0	0	0	0	0	0	1	61,683	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2009

	g	LIEE	INSURANC	` E	DOMINO THE TE	
NAIC G	Group Code 0549	LIFE	INSURANC		NAIC Company (Code 64602
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance					0
2.	Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	endowment or premium-paying period					0
	6.4 Other 6.5 Totals (Sum of 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0	0
	7.2 Applied to provide paid-up annuities			0	0	0
8	7.4 Totals (Sum of Lines 7.1 to 7.3)	0 0	0	0		 0
	DIRECT CLAIMS AND BENEFITS PAID	· ·	Ť	· ·	•	
10.	Death benefits Matured endowments Annuity benefits					470,982
11.	Surrender values and withdrawals for life contracts	50 /01				50 /91
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	521,473	0	0	0	521,473
1302.	DETAILS OF WRITE-INS					
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oı	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial	-	Γotal
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-						-		-	
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	4	470,982							4	470,982
Settled during current										
year:										
18.1 By payment in full	4	470,982							4	470,982
18.2 By payment on										0
compromised claims . 18.3 Totals paid	4	470 982	0	0	0	0	0	0	4	470 982
18.4 Reduction by compromise										0
18.5 Amount rejected									0	0
18.6 Total settlements	4	470 982	0	0	n	0	0	Λ	4	470 982
19. Unpaid Dec. 31, current				0				0		
vear (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT	Ů	•		•	No. of Policies			•	J	,
20. In force December 31,				(a)						
prior year	32	5 , 168 , 195	0	0	٥	0	0	0	32	5, 168, 195
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(6)	(1,881,772)							(6)	(1,881,772)
23. In force December 31				(a)						
of current year	26		0	•	0	0	0	0	26	3,286,423
(a) Includes Individual Credit Li	fe Insurance	: prior year \$		cu	rrent year \$					

ACCIDENT AND HEALTH INSURANCE

Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

current year \$

ACCIDE	AI AND UE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24 1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0549	L11 L	INSURAINC	NAIC Company Code 64602		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1	Life insurance		,	Огоир	industrial	1 Otal
2	Annuity considerations					
3	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS				-	
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
	6.4 Other					
	6.5 Totals (Sum of 6.1 to 6.4)		0	0	0	
	Annuities:					
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				
10.	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts	302,490				302 , 490
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	D	D	0	0	
	All other benefits, except accident and health		·			
15.	Totals	302,490	U	0	0	302,490
400:	DETAILS OF WRITE-INS					
1303.						
1398.	Summary of Line 13 from overflow page	J	J	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Qı	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of	Ç	·			.0
INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on		0								
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
BOLLOV EVIUDIT					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31, prior year	22	0.054.050	0	(a)	0	0	0	0	22	0.054.050
prior year					0	0		ł0	23	2,951,856
22. Other changes to in force										0
(Net)	(4)	(577.284)							(4)	(577.284)
23. In force December 31				(a)					(')	
of current year	19	2,374,572	0	0	0	0	0	0	19	2,374,572

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	AL AND HE	ALIIIIIO	JIVAINCE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2009

NAIC (Group Code 0549	LIFE	INSURANC	E	NAIC Company Code 64602		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance						
	Annuity considerations						
	Deposit-type contract funds		XXX		XXX		
	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit						
	endowment or premium-paying period						
	6.5 Totals (Sum of 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		0	0	0		
	7.3 Other						
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits						
10.	Matured endowments						
	Annuity benefits						
	Surrender values and withdrawals for life contracts	0					
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		
	All other benefits, except accident and health						
15.	Totals	0	0	0	0		
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of Line 13 from overflow page	<u>0</u>	0	0	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		

	Qı	dinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	-	No. of Ind. Pols. &	·	No. of			Ü		10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	٥	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0							0	0
Settled during current										
year:									_	
18.1 By payment in full	0	0							0	0
18.2 By payment on									0	0
compromised claims .		0			Λ			^		0
18.3 Totals paid 18.4 Reduction by		0	0	0		0	0	0		0
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	11	2,911,758	0	0	0	0	0	0	11	2,911,758
21. Issued during year									0	0
22. Other changes to in force		(007 ::::								/007 ::::
(Net)	(4)	(907 , 100)							(4)	(907 , 100)
23. In force December 31	7	0.004.050	0	(a)		0			_	0.004.050
of current year	/	2,004,658	0	0	0	Ü	0	0	/	2,004,658

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes from the insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2009 LIFE INSURANCE

NAIC C	Group Code 0549	LIFE	INSURANC	E	NAIC Company (Code 64602
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance		,			0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					0
	6.1 Paid in cash or left on deposit					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					ō
	6.5 Totals (Sum of 6.1 to 6.4)		0		0	
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up armuities					 0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	48 , 181				48 , 181
	Matured endowments					Q
11.	Annuity benefits					0
	Surrender values and withdrawals for life contracts	113,978				113,978
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health	400 450				
15.	Totals	162,159	U	U	U	162,159
1201	DETAILS OF WRITE-INS					
1301.						
1398	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	Ŏ I	0	0

	Qı	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of	-		-		
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	2	48 , 181							2	48 , 181
Settled during current										
year:		10 101								10.101
18.1 By payment in full	2	48 , 181						• • • • • • • • • • • • • • • • • • • •	2	48 , 181
18.2 By payment on										0
compromised claims . 18.3 Totals paid	າ	/O 101	Λ	0		Λ	Λ	Λ		U
18.4 Reduction by	∠	40,101	0	0		0	0	0		40,101
compromise									0	0
18.5 Amount rejected									n	0 N
18.6 Total settlements	2	48 , 181	n	0	n	0	0	0	2	48 181
19. Unpaid Dec. 31, current		, 101								, 10, 101
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
, , , , , , , , , , , , , , , , , , , ,	-	-		-	No. of			-		-
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_	1				
prior year	86		٥	0	٥	0	0	0	86	
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(9)	(1,106,298)							(9)	(1,106,298)
23. In force December 31				(a)						
of current year	77	7,330,784	0	0	0	0	0	0	77	7,330,784

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$... current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

AUDLI					
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)		0	0	0	0
26. Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)	0	0	0	0	0



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2009 LIFE INSURANCE

NAIC G	Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602		
		1	2	3	4	5
	DIRECT PREMIUMS	0.45.	Credit Life (Group		0	
_	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					U
	Annuity considerations		XXX		vvv	
	=		ΛΛΛ			
	Other considerations		Λ	n		
5.	DIRECT DIVIDENDS TO POLICYHOLDERS	U	U	U	U	U
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					υ
	endowment or premium-paying period					Λ
	6.4 Other					0
	6.5 Totals (Sum of 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				0
	Matured endowments					0
	Annuity benefits					0
	Surrender values and withdrawals for life contracts	0				0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
1	DETAILS OF WRITE-INS					
1302.						
1303.		^	^		^	^
	Summary of Line 13 from overflow page		0	\frac{1}{\infty} \frac{1}{\infty}		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oı	dinary	Credit Life (Group and Individual)		(Group	Industrial		Total	
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-						-		_	
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current	0	0							0	0
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on compromised claims .									0	0
18.4 Reduction by	0	0		0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0		0	0	0	0	0	0		
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	Λ	0	0	0	0	0	0
year (10.17 10.0)	0	0	0	U	No. of	0	0		<u> </u>	0
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	5	620,458	0	0	٥	0	0	0	5	620,458
21. Issued during year									0	0
22. Other changes to in force (Net)	0	3,786							0	3,786
23. In force December 31				(a)						
of current year	5	624,244	0	0	0	0	0	0	5	624,244

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INCONANCE									
	1	2	3	4	5				
			Dividends Paid Or						
		Direct Premiums	Credited On Direct		Direct Losses				
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred				
24. Group Policies (b)									
24.1 Federal Employees Health Benefits Program premium (b)									
24.2 Credit (Group and Individual)									
24.3 Collectively Renewable Policies (b)									
24.4 Medicare Title XVIII exempt from state taxes or fees									
Other Individual Policies:									
25.1 Non-cancelable (b)									
25.2 Guaranteed renewable (b)									
25.3 Non-renewable for stated reasons only (b)									
25.4 Other accident only									
25.5 All other (b)									
25.5 All other (b)	0	0	0	0	0				
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0				

-: 10taio (Eii100 E : E1		=0.0)				
(b) For health business	on indicated lines repor	t: Number of persor	ns insured under PPO	managed care products	 and number of pers	sons insured under
Indemnity only products						



DIRECT BUSINESS IN THE STATE OF Grand Aliens

DURING THE YEAR 2009

				70111110 THE 127111 = 000				
NAIC C	Group Code 0549	LIFE INSURANCE NAIC Company Code 64602						
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance	0	0	0	0	0		
	Annuity considerations		0	0	0	0		
	Deposit-type contract funds		ХХХ	0	XXX	0		
	Other considerations		0	0	0	0		
	Totals (Sum of Lines 1 to 4)	0	0	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS	·		·	•	•		
	Life insurance:							
	6.1 Paid in cash or left on deposit	0	0	0	0	0		
	6.2 Applied to pay renewal premiums		0	0	0	0		
	6.3 Applied to provide paid-up additions or shorten the							
	endowment or premium-paying period	0	0	0	0	ſ		
	6.4 Other		0	n	0			
	6.5 Totals (Sum of 6.1 to 6.4)		0	n	0			
	Annuities:							
	7.1 Paid in cash or left on deposit	0	0	0	0	(
	7.1 Paid in cash of left of deposit		D	 N	 0			
	7.3 Other		 N	 N	 0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	n	 N	 0			
g.	Grand Totals (Lines 6.5 plus 7.4)	0	n	 N	 0			
0.	DIRECT CLAIMS AND BENEFITS PAID	U	U	U	U	0		
_		0	0	0	0	0		
	Death benefits							
			U			ل		
11.	Annuity benefits	^				٠		
			U	U				
13.	Aggregate write-ins for miscellaneous direct claims and	0	0	0	0	,		
14	benefits paid							
	Totals	·						
15.		U	U	U	U	U		
4004	DETAILS OF WRITE-INS							
1302.								
1303.			^		^			
	Summary of Line 13 from overflow page	0		<u>0</u>		L		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	Ü	0	0	0		

	Oı	Ordinary (Gr		edit Life and Individual)	(Group	Inc	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	0	0	0	0	0	0	0	0	0
Settled during current										
year:					_					
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on					_					
	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current					_					
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	4	567 , 015	0	0	0	0	0	0	4	567 , 015
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	0	(65,774)	0	0	0	0	0	0	0	(65,774)
23. In force December 31				(a)						
of current year	4	501,241	0	0	0	0	0	0	4	501,241
(a) Includes Individual Credit Li	fe Insurance	: prior year \$		0 cu	rrent year \$		U			•
Includes Group Credit Life I			equal to 60 i	months at issue, p				rent year \$		<u>U</u>
Loans greater than 60 mon	ths at issue E	BUT NOT GREAT	ER THAN 1	20 MONTHS, prio	r year \$		U current	year \$	0	

ACCIDENT AND HEALTH INSURANCE

ACCIDEI	AI AND HE	ALIII III SU	JINANUE		
	1	2	3	4	5
			Dividends Paid Or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)		0	0	0	0
24 1 Federal Employees Health Benefits Program premium (b)	_ _ 0	0	0	0	0
24.2 Credit (Group and Individual)		0	0	0	0
24.2 Credit (Group and Individual) 24.3 Collectively Renewable Policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees.			0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees		0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)		0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under lindemnity only products



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2009 LIFE INSURANCE NAIC Company Code 64602

NAIC G	Group Code 0549	LIFE	INSURANC	NAIC Company Code 64602			
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance		0	0	0	0	
	Annuity considerations		0	0	0	0	
	Deposit-type contract funds	0	ХХХ	0	XXX	0	
	Other considerations	0	0	0	0	0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit	Û	D	U	<u>0</u>	0	
	6.2 Applied to pay renewal premiums	0	D	D	D	0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	0	U		D	U	
	6.4 Other		U		D		
	6.5 Totals (Sum of 6.1 to 6.4)	0	U	U			
	Annuities:	0	0	0	0	0	
	7.1 Paid in cash or left on deposit	U	U	U		U	
	7.2 Applied to provide paid-up annuities	U	U	U		U	
	7.3 Other		U				
	7.4 Totals (Sum of Lines 7.1 to 7.3)	U					
0.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID	U	U	U	U	U	
		0 000 740	0	0	0	0 000 740	
	Death benefits			U	0	2,039,740	
	Matured endowments		D	U			
11.	Annuity benefits	12 007 505				13,997,585	
		13,997,000				13,997,303	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	
14	All other benefits, except accident and health	n	n	n		 N	
14.	Totals	16,037,325	n			16.037.325	
15.	DETAILS OF WRITE-INS	10,037,323	U	U	U	10,007,020	
1301	DETAILS OF WRITE-INS						
1301.							
1302.							
	Summary of Line 13 from overflow page	Λ	n	0	Λ	Λ	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	 N	n			 0	
1399.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	U	U	U	U	0	

		•	Cr	Credit Life							
	O	rdinary	(Group a	ind Individual)		Group	Industrial			Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.								
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,	140.	7 unounc	Cr. Coraio.	7 tillount	Cortilo.	7 tillount	140.	7 tillount	110.	7 anount	
prior year	0	0	0	0	0	0	0	0	0	0	
17. Incurred during current											
year	26	2,039,739	0	0	0	0	0	0	26	2,039,739	
Settled during current											
year:											
18.1 By payment in full	26	2,039,739	0	0	0	0	0	0	26	2,039,739	
18.2 By payment on											
compromised claims .	0	0	0	0	0	0	0	0	0	0	
18.3 Totals paid	26	2,039,739	0	0	0	0	0	0	26	2,039,739	
18.4 Reduction by											
compromise	0	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0	
18.6 Total settlements	26	2,039,739	0	0	0	0	0	0	26	2,039,739	
19. Unpaid Dec. 31, current											
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies						
20. In force December 31,				(a)							
prior year	1,015	155,654,873	0	0	0	0	0	0	1,015	155,654,873	
21. Issued during year	0	0	0	0	0	0	0	0	0	0	
22 Other changes to in force											
(Net)	(85)	(34,064,941)	0	0	0	0	0	0	(85)	(34,064,941)	
23. In force December 31				(a)							
of current year	930	121,589,932	0		0	0	0	0	930	121,589,932	
(a) Includes Individual Credit Li	ife Insurance	: prior vear \$		0 cu	rrent year \$		0	·			

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid Or	4	5
		Discret Dansesisses			Discret Lances
	5 5	Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Program premium (b)		0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.2 Credit (Group and Individual)		0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees		0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve							
	1 Amount						
Reserve as of December 31, prior year	80,808						
Current year's realized pre-tax capital gains/(losses) of\$							
Adjustment for current year's liability gains/(losses) released from the reserve	0						
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	179,627						
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	36,104						
6. Reserve as of December 31, current year (Line 4 minus Line 5)	143,523						

	AMO	ORTIZATION			
		1	2	3	4
	Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1.	2009	27 , 280	8,824	0	36,104
2.	2010	24 , 445	19 , 140	0	43,585
3.	2011	25,245	18,375	0	43,620
4.	2012	14,205	15 , 107	0	29,312
5.	2013	4,379	11,765	0	16,144
6.	2014	381	8,106	0	8,486
7.	2015	689	5,675	0	6,364
8.	2016	1,294	4,563	0	5,858
9.	2017	933	3,450	0	4,383
10.	2018	(1,727)	2,252	0	525
	2019		927	0	(979)
12.	2020	(1,884)	219	0	(1,665)
	2021		178	0	(1,716)
14.	2022	(1,885)	129	0	(1,756)
15.	2023	(1,874)	83	0	(1,791)
16.	2024	(1,875)	27	0	(1,848)
17.	2025	(1,719)	0	0	(1,719)
18.	2026	1,060	0	0	1,060
19.	2027	1,208	0	0	1,208
20.	2028	1,211	0	0	1,211
21.	2029	1,076	0	0	1,076
22.	2030	186	0	0	186
23.	2031	(499)	0	0	(499)
24.	2032	(878)	0	0	(878)
25.	2033	(821)	0	0	(821)
	2034	(1,178)	0	0	(1,178)
	2035	(1,024)	0	0	(1,024)
28.	2036	(3,622)	0	0	(3,622)
29.	2037	0	0	0	0
	2038	0	0	0	0
	2039 and Later	0	0	0	0
	Total (Lines 1 to 31)	80,808	98,819	0	179,627

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE INDEPENDENCE LIFE AND ANNUITY COMPANY

ASSET VALUATION RESERVE

	1	Default Component	1112021111		Equity Component		I
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1+2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4+5)	7 Total Amount (Cols. 3+6)
Reserve as of December 31, prior year	0	0	0	0	0	0	0
Realized capital gains/(losses) net of taxes - General Account	(152,839)		(152,839)			0	(152,839)
Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
Unrealized capital gains/(losses) net of deferred taxes - General Account	(109,752)		(109,752)	84,700		84,700	(25,052)
Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	88,419	0	88,419	0	0	0	88,419
Accumulated balances (Lines 1 through 5 - 6 + 7)	(174, 172)	0	(174, 172)	84,700	0	84,700	(89,471)
9. Maximum reserve	515,467	0	515,467	93,755	0	93,755	609,222
10. Reserve objective	383,978	0	383,978	93,755	0	93,755	477,733
11. 20% of (Line 10 - Line 8)	. 111,630	0	111,630	1,811	0	1,811	113,441
12. Balance before transfers (Lines 8 + 11)	(62,542)	0	(62,542)	86,511	0	86,511	23,969
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	62,542		62,542			0	62,542
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	86,511	0	86,511	86,511

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

						CITEIT						
			1	2	3	4	Basic	Contribution	Rese	rve Objective	Maxir	num Reserve
							5	6	7	8	9	10
Line						Balance for AVR						
Num-	NAIC		Book/Adjusted	Reclassify Related	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation	Description	Carrying Value	Party Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		LONG-TERM BONDS										
1		Exempt Obligations	8,710,325	XXX	XXX	8,710,325	0.000	0	0.000	0	0.000	0
2	1	Highest Quality	14,060,524	XXX	XXX	14,060,524	0 . 0004	5,624	0.0023	32,339	0.0030	42 , 182
3	2	High Quality	23,438,918	XXX	XXX		0.019	44,534	0 . 0058	135,946	0.0090	
4	3	Medium Quality	3,851,103	XXX	XXX	3,851,103	0 . 0093	35 , 815	0.0230	88,575	0.0340	
5	4	Low Quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower Quality	0	XXX	XXX	0	0.0432	0	0 . 1100	0	0.1700	0
7	6	In or Near Default	565 , 273	XXX	XXX	565,273	0.000	0	0.2000	113,055	0.2000	113,055
8		Total Unrated Multi-Class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net	50,000,444	VVV	VVV	50,000,444	VVV	05 070	VVV	000 045	VVV	107 101
		Admitted Asset)	50,626,144	XXX	XXX	50,626,144	XXX	85,973	XXX	369,915	XXX	497,124
		PREFERRED STOCK		VVV	VVV		0.0004	0	0.0000		0.0000	
10	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
11	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	U
12	3	Medium Quality		XXX	XXX		0.0093	U	0.0230	U	0.0340 0.0750	U
13	4	Low Quality		XXX	XXX XXX	U	0.0213	U	0.0530	0	0.1700 0.1700	U
14	5	Lower Quality		XXX	XXX		0.0432 0.0000	U	0.1100 0.2000		0.2000	
15	0	In or Near Default			XXX			U		U		U
16		Affiliated Life with AVR		XXX	XXX	U	0.0000	U	0.0000	U	0.0000	U
17		Total Preferred Stocks (Sum of Lines 10 thru 16) (Page 2, Line 2.1,	•	VVV	VVV		VVV	0	V/V/		V/V/	
		Net Admitted Asset)	U	XXX	XXX	Ü	XXX	U	XXX	U	XXX	U
		SHORT-TERM BONDS		VVV	VVV		0 0000	0	0.0000		0.0000	
18	_	Exempt Obligations	0 444 045	XXX	XXX	0	0.000	U	0.000		0.000	U
19	1	Highest Quality	6,114,345		XXX	6,114,345	0.0004	2,446	0.0023	14,063	0.0030	18,343
20	2	High Quality		XXX XXX	XXX	· - 0	0.0019 0.0093	0	0.0058	D	0.0090	D
21	3	Medium Quality		XXX	XXX	U	0.0093	U	0.0230	D	0.0340 0.0750	D
22	4	Low Quality		XXX	XXX	U	0.0213	U	0.0530	U	0.0750 0 1700	U
23	5	Lower Quality		XXX	XXX	U	0.0000	U	0.2000	U	0.2000	D
24	б	In or Near Default	C 444 04E			0 444 045		0.440		14.000		40.040
25		Total Short-term Bonds (Sum of lines 18 thru 24)	6,114,345	XXX	XXX	6,114,345	XXX	2,446	XXX	14,063	XXX	18,343

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **DEFAULT COMPONENT**

			1	2	3	4	Basic	Contribution	Rese	rve Objective	Maxim	num Reserve
Line						Balance for AVR	5	6	7	8	9	10
Num-	NAIC		Book/Adjusted	Reclassify Related	Add Third Party	Reserve Calculations		Amount		Amount		Amount
	Designation	Description	Carrying Value	Party Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
	Ŭ	DERIVATIVE INSTRUMENTS	, ,	,		,				,		, ,
26		Exchange Traded		XXX	XXX	0	0.004	0	0.0023	0	0.0030	0
27		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Line 9 + 17 + 25 + 33)	56.740.489	XXX	XXX	56.740.489	XXX	88.419	XXX	383.978	XXX	515,467
		MORTGAGE LOANS	00,110,100	7000	7777	30,1.10,1.00	7001	00,110	7001	000,0.0	7	0.0,101
		In Good Standing:										
35		Farm Mortgages			XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 ^(a)	0
36		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	n	0.0010	0
37		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	Ô	0.0010	0
39		Commercial Mortgages - All Other			XXX	0	0.0063 ^(a)	0	0.0120 ^(a)	0	0.0190 (a)	0
40		In Good Standing With Restructured Terms			XXX	0	0.2800 ^(b)	0	0.6200 ^(b)	0	1.0000 ^(b)	0
		Overdue. Not in Process:										•••••••
41		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential Mortgages - Insured of Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
46		Farm Mortgages			XXX	0	0.000	0	0 . 1700	0	0.1700	0
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.000	0	0.0040	0	0.0040	0
48		Residential Mortgages - All Other			XXX	0	0.000	0	0.0130	0	0.0130	0
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	O
51		Total Schedule B Mortgages (Sum of Lines 35 thru 50) (Page 2, Line 3. Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Total Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	(
53	1	Total Mortgage Loans on Real Estate (Line 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

⁽a) Times the Company's Experience Adjustment Factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9. (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

		LQOITI	AITO OII			SSET CO	_					
			1	2	3	4	BASIC CC	NTRIBUTION	RESERV	E OBJECTIVE	MAXIMU	M RESERVE
						Balance for AVR	5	6	7	8	9	10
1.5	NAIC		De ale/A diseate d	Reclassify	Add Third Death	Reserve		A		A 4		A
Line	Designation	Description	Book/Adjusted Carrying Value	Related Party Encumbrances	Add Third Party Encumbrances	Calculations (Col. 1 + 2 + 3)	Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
Nullibei	Designation	COMMON STOCK	Carrying value	Liicumbrances	Liteumbiances	(001. 1 + 2 + 3)	i actoi	(COIS. 4 X 3)	i actor	(COIS. 4 X I)	i actoi	(COIS. 4 X 9)
1			468.773	XXX	XXX	468.773	0.0000	0	0.2000 ^(d)	93.755	0.2000 ^(d)	93.755
2		Unaffiliated - Public	400,773	XXX	XXX	400,773	0.0000	٥	0.2000	35,735 A	0.1600	
2		Federal Home Loan Bank		XXX	XXX	 n	0.0000	٥	0.0050	 n	0.0080	 0
1		Affiliated - Life with AVR		XXX	XXX	n	0.0000		0.000		0.0000	
7		Affiliated - Investment Subsidiary:					0.000	0	0.0000		0.000	0
5		Fixed Income - Exempt Obligations	0	0	0	0	XXX	0	XXX	٥	XXX	0
6		Fixed Income - Highest Quality	0	 	n	 N	XXX		XXX	Λ	XXX	
7		Fixed Income - High Quality	0	Ω		n	XXX	Ω	XXX	Λ	XXX	Ω
ν ο		Fixed Income - Medium Quality	0		Λ	 0	XXX	Ω	XXX	 n	XXX	 0
9		Fixed Income - Low Quality				D	XXX		XXX		XXX	
10		Fixed Income - Low Quality	0	 	n	 0	XXX	٥	XXX	 N	XXX	 0
11		Fixed Income - In/Near Default		 	n	 N	XXX	 N	XXX		XXX	 0
12		Unaffiliated Common Stock - Public	0			O	0.000	 0	0.1300 ^(d)	Λ	0.1300 ^(d)	 0
13		Unaffiliated Common Stock - Private				 N	0.0000	٥	0.1600	 0	0.1500	 0
14		Mortgage Loans				 N	(c)	 N	(c)		(c)	 N
15		Real Estate				Λ	(e)	 0	(e)	Λ	(e)	 0
16		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	Λ	0.0000	Ω	0.1300	Λ	0 . 1300	Ω
17		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	Λ	0.1600	0
18		Total Common Stock (Sum of Lines 1 thru 17)(Page 2, Line 2.2, Net Admitted		MM	AAA	0	0.0000	0	0.1000	0	0.1000	0
10		Asset)	468,773	0	0	468,773	XXX	0	XXX	93,755	XXX	93,755
		REAL ESTATE										
19		Home Office Property (General Account only)				0	0.000	0	0.0750	0	0.0750	0
20		Investment Properties				0	0.000	0	0.0750	0	0.0750	0
21		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total Real Estate (Sum of Lines 19 thru 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt Obligations		XXX	XXX	0	0.000	0	0.000	0	0.000	0
24	1	Highest Quality		XXX	XXX	0	0.004	0	0.0023	0	0.030	0
25	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower Quality		XXX	XXX	0	0.0432	0	0 . 1100	0	0 . 1700	0
29	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with Bond characteristics (Sum of Lines 23 thru 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	BASIC CC	NTRIBUTION	RESERV	E OBJECTIVE	MAXIMU	M RESERVE
Line	NAIC		Book/Adjusted	Reclassify Related Party	Add Third Party	Balance for AVR Reserve Calculations	5	6 Amount	7	8 Amount	9	10 Amount
	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Col. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
Number	Designation	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF	Carrying value	Effeuribrances	Elicumbrances	(001. 1 + 2 + 0)	1 80101	(0013. 4 x 3)	1 actor	(0013. 4 x 1)	1 actor	(0013. 4 x 9)
0.4		PREFERRED STOCKS		XXX	XXX	0	0.004	0	0.0023	٥	0.0030	0
31	1	Highest Quality		XXX	XXX	U	0.0019		0.0058	U	0.0090	
32 33	2	High Quality		XXX	XXX	U	0.0019	0	0.0230	U	0.0340	
34	3	Low Quality		XXX	XXX		0.0213		0.0530	 0	0.0750	
35	- 4	Low Quality Lower Quality		XXX	XXX		0.0432	 0	0.1100	D	0.1700	
36	6	In or Near Default		XXX	XXX	0 n	0.0000	Λ	0.2000	Λ	0.2000	
37	0	Affiliated Life with AVR		XXX	XXX	0	0.0000	n	0.0000	0	0.0000	
38		Total with Preferred Stock characteristics (Sum of Lines 31 thru 37)		XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF	•	AAA	AAA	0	AAA	0	AAA	0	MM	
		MORTGAGE LOANS In Good Standing:										
39		Farm Mortgages			XXX	0	0.0063	0	0.0120	0	0.0190	0
00		T ann worgages					(a)		(a)		(a)	
40		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.003	0	0.0006	0	0.0010	0
43		Commercial Mortgages - All Other			XXX	0	0.0063	0	0.0120	0	0.0190	0
		3.3.					(a)		(a)		(a)	
44		In Good Standing With Restructured Terms			XXX	0	0.2800	0	0.6200	0	1.0000	0
		Overdue, Not in Process:					(b)		(b)		(b)	
45		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential Mortgages - Insured or Guaranteed			XXX	0	0.005	0	0.0012	0	0.0020	0
47		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.005	0	0.0012	0	0.0020	0
49		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0 . 1200	0
		In Process of Foreclosure:										
50		Farm Mortgages			XXX	0	0.000	0	0 . 1700	0	0 . 1700	0
51		Residential Mortgages - Insured or Guaranteed			XXX	0	0.000	0	0.0040	0	0.0040	0
52		Residential Mortgages - All Other			XXX	0	0.000	0	0.0130	0	0.0130	0
53		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with Mortgage Loan Characteristics (Sum of Lines 39 thru 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

	1		1	2	2	4		NTRIBUTION	RESED\/I	E OBJECTIVE	ΜΑΧΙΜΙΙ	M RESERVE
			ļ.		3	Balance for AVR	5	6	7	Q 0D0L011VL	a	10
				Reclassify Related		Reserve	3	U	′	O	9	10
Line	NAIC		Book/Adjusted	Party	Add Third Party	Calculations		Amount		Amount		Amount
Number	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Col. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCKS							(4)		(-0	
56		Unaffiliated Public		XXX	XXX	0	0.000	0	0 . 1300 ^(d)	0	0 . 1300 ^(d)	0
57		Unaffiliated Private		ХХХ	XXX	0	0.000	0	0.1600	0	0 . 1600	0
58		Affiliated Life with AVR		XXX	XXX	0	0.000	0	0.000	0	0.000	0
59		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		ХХХ	XXX	0	0.000	0	0 . 1300	0	0 . 1300	0
60		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with Common Stock characteristics (Sum of Lines 56 thru 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home Office Property (General Account only)				٥	0.000	0	0.0750	0	0.0750	0
63		Investment Properties				0	0.000	0	0.0750	0	0.0750	0
64		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
65		Total with Real Estate Characteristics (Lines 62 thru 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
68		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
69		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
70		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71		Other Invested Assets - Schedule BA		XXX		0	0.000	0	0 . 1300	0	0 . 1300	0
72		Other Short Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73		Total All Other (Sum of Lines 71 + 72)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
74		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	0	0	XXX	0	XXX	0	XXX	0

⁽a) Times the Company's Experience Adjustment Factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

⁽d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

⁽e) Determined using same factors and breakdowns used for directly owned real estate.

Asset Valuation Reserve RSA

NONE

Schedule F - Claims

NONE

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5

NONE

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE INDEPENDENCE LIFE AND ANNUITY COMPANY

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31. Current Year

Pade	1	Reins 2	urance Recoverat	ole on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curre	ent Year 6	7
Company Federal ID Commany Tourism Paid Lorent Unpaid Lorent Unp	1 NAIC	2	3	4	5	0	/
	Company	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
	82627	06-0839705	10/01/1993	Swiss Re Life & Health America Inc	CT	96,239	81,509
	0299999 - Life	and Annuity - No	on-Affiliates			96,239	81,509
	0399999 - Tota	Is - Life and Ani	nuity		T	96,239	81,509
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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE INDEPENDENCE LIFE AND ANNUITY COMPANY

SCHEDULE S - PART 3 - SECTION 1

		Rei	nsurance Ceded Life Insurance, Annuities, D	eposit Funds and Other Liabilities without	Life or Disa	bility Contingencie	s, and Related Be	enefits Listed by Re	einsuring Compan	y as of December	31, Current Year		
1	2	3	4	5	6	7	Reserve C	redit Taken	10	Outstanding S	Surplus Relief	13	14
NAIC Company	Federal ID	Effective			Type of Re-	Amount in Force	8	9		11	12	Modified Coinsurance	Funds Withheld Under
Code	Number	Date	Name of Company	Location	Ceded	at End of Year	Current Year	Previous Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
0199999 -	Total Authorize	ed General Accoun	nt - Affiliates		•	0			0				
82627	06-0839705	10/01/1993	Swiss Re Life & Health America Inc	CT	YRT/I	34,346,003	Ω	0	549,934	0	0	0	0
0299999 -	Total Authorize	ed General Accoun	nt - Non-Affiliates		•	34,346,003			549,934				
		ed General Accoun				34,346,003			549,934				
0799999 -	Total Authorize	ed and Unauthoriz	zed General Account			34,346,003			549,934				
						•							
					···	•							
					···	•							
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			<u> </u>										
	1												
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	ļ					ļ							
													

Schedule S - Part 3 - Section 2 NONE

Schedule S - Part 4

NONE

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted) 2009 2008 **OPERATIONS ITEMS** 1. Premiums and annuity considerations for life and .550 .780 .758 .864 .871 accident and health contracts 0 .0 0 0 2. Commissions and reinsurance expense allowances. 3. Contract claims1.061 .3,247 1,369 .772 1,116 0 0 0 0 4. Surrender benefits and withdrawals for life contracts 0 ..0 .0 .0 5. Dividends to policyholders .. 0 0 .0 .0 0 6. Reserve adjustments on reinsurance ceded . Increase in aggregate reserve for life and accident and health contracts 0 .0 .0 .0 В. **BALANCE SHEET ITEMS** 8. Premiums and annuity considerations for life and accident and health contracts deferred and 0 0 .0 ..0 .0 uncollected. 9. Aggregate reserves for life and accident and health .0 0 .0 .0 .0 contracts 0 .0 ..0 .0 10. Liability for deposit-type contracts ... 11. Contract claims unpaid .. 81 155 74 81 122 12. Amounts recoverable on reinsurance 96 236 44 .61 233 0 .0 .0 .0 13. Experience rating refunds due or unpaid 14. Policyholders' dividends (not included in Line 10)... 15. Commissions and reinsurance expense allowances .0 unpaid 16. Unauthorized reinsurance offset 0 .0 0 0 C. **UNAUTHORIZED REINSURANCE (DEPOSITS BY** AND FUNDS WITHHELD FROM) 17. Funds deposited by and withheld from (F). 0 0 .0 0 0 0 0 .0 .0 0 18. Letters of credit (L) .. 0 0 .0 .0 0 19. Trust agreements (T)

0

20. Other (O)

0

0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Cr	edit For Ceded Reinsurance	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)	81,007,461		81,007,46
2. Reinsurance (Line 14)	96,239	(96,239)	
3. Premiums and considerations (Line 13)	0	0	
Net credit for ceded reinsurance	XXX	177 , 298	177 , 298
5. All other admitted assets (balance)	1,950,037		1,950,037
6. Total assets excluding Separate Accounts (Line 24)	83,053,737	81,059	83 , 134 , 796
7. Separate Account assets (Line 25)	42,834,326		42,834,326
8. Total assets (Line 26)	125,888,063	81,059	125,969,122
LIABILITIES, CAPITAL AND SURPLUS (PAGE 3)			
9. Contract reserves (Lines 1 and 2)	27,309,903	0	27 , 309 , 903
10. Liability for deposit-type contracts (Line 3)	26,614		26,614
11. Claim reserves (Line 4)	206,450	81,059	287 , 509
12. Policyholder dividends/reserves (Lines 5 through 7)	0		
13. Premium & annuity considerations received in advance (Line 8)	0	0	
14. Other contract liabilities (Line 9)	180,923		180,923
15. Reinsurance in unauthorized companies (Line 24.2)	0	0	
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)	0	0	
17. All other liabilities (balance)	(101,163)		(101,163
18. Total liabilities excluding Separate Accounts (Line 26)	27,622,728	81,059	27 , 703 , 787
19. Separate Account liabilities (Line 27)	42,834,326		42,834,326
20. Total liabilities (Line 28)	70 , 457 , 054	81,059	70 , 538 , 11;
21. Capital & surplus (Line 38)	55,431,009	XXX	55,431,009
22. Total liabilities, capital & surplus (Line 39)	125,888,063	81,059	125,969,12
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	0		
24. Claim reserves	81,059		
25. Policyholder dividends/reserves	0		
26. Premium and annuity considerations received in advance	0		
27. Liability for deposit-type contracts	0		
28. Other contract liabilities	0		
29. Reinsurance ceded assets	96,239		
30. Other ceded reinsurance recoverables	0		
31. Total ceded reinsurance recoverables	177,298		
32. Premiums and considerations	0		
33. Reinsurance in unauthorized companies	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers			
35. Other ceded reinsurance payables/offsets	0		
36. Total ceded reinsurance payable/offsets			

37. Total net credit for ceded reinsurance

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE INDEPENDENCE LIFE AND ANNUITY COMPANY

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Bus	iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	0	0			0	
2. Alaska	AK	0	0			0	
3. Arizona	AZ	0	0			0	
4. Arkansas	AR	0	0			0	
5. California	CA	0	0			0	
6. Colorado	CO	0	0			0	
7. Connecticut	CT	0	0			0	
8. Delaware	DE	0	0			0	
9. District of Columbia	DC	0	0			0	
10. Florida	FL	0	0			0	
11. Georgia	GA	٥					
•	BI	0	0			0	
12. Hawaii		0	0			0	
13. Idaho	ID	0	0				
14. Illinois		0	0			0	
15. Indiana	IN	0	0			J0	
16. lowa	Al	0	0			0	
17. Kansas	KS	0	0			0	
18. Kentucky	KY	0	0			0	
19. Louisiana	LA	0	0			0	
20. Maine	ME	0	0			0	
21. Maryland		0				0	
22. Massachusetts						0	
23. Michigan	MI					Λ	
3							
24. Minnesota	MN			···			
25. Mississippi	MS	0				0	
26. Missouri	MO	0	0			0	
27. Montana	MT	0	0			0	
28. Nebraska	NE	0	0			0	
29. Nevada	NV	0	0			0	
30. New Hampshire	NH	0	0			0	
31. New Jersey	NJ	0	0			0	
32. New Mexico	MM	0	0			0	
33. New York	NY	0	0			0	
34. North Carolina	NC	0	0			0	
35. North Dakota	ND	٥				Λ	
	OH	٥	0				
36. Ohio		0	0			0	
37. Oklahoma	OK	0	0			0	
38. Oregon	OR	0	0			0	
39. Pennsylvania	PA	0	0			0	
40. Rhode Island	RI	0	0			0	
41. South Carolina	SC	0	0			0	
42. South Dakota	SD	0	0			0	
43. Tennessee	TN	0	0			0	
44. Texas	TX	0	0			0	
45. Utah		0	.0			0	
46. Vermont	VT	Λ	n	•		n	
47. Virginia	٧١	0	0			0	
•							
48. Washington			0				
49. West Virginia			0			0	
50. Wisconsin			0			0	
51. Wyoming		0	0			0	
52. American Samoa			0			0	
53. Guam	GU	0	0			0	
54. Puerto Rico	PR	0	0			0	
55. U.S. Virgin Islands			0			0	
56. Northern Mariana Islands		0	0	L		0	
57. Canada			0			.0	
v vauuu			0			0	
58. Aggregate Other Alien	(11)						

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
80802	38-1082080	U.S. Branch of Sun Life Assur Co of CN		(33,745,392)					· · · · · · · · · · · · · · · · · · ·		(33,745,392)	
00000	00-0000000	SL Investments Par Holdings 2008-1, LLC		33,745,392					· · · · · · · · · · · · · · · · · · ·	•	33,745,392	
80802 00000	38 - 1082080 00 - 00000000	U.S. Branch of Sun Life Assur Co of CN	6,736 (6,736)	(18,805,340) 18,805,340							(18,798,604) 18,798,604	
80802		U.S. Branch of Sun Life Assur Co of CN					319,643,300				319,643,300	(1,611,292,689)
79065	04-2461439	Sun Life Assurance Co of Canada (U.S.)					(319,643,300)				(319,643,300)	1,611,292,689
79065	04-2461439	Sun Life Assurance Co of Canada (U.S.)		60,000,000								
13051	26-1292779	Sun Life Financial (U.S.) Reinsurance Co		(60,000,000)							(60,000,000)	
		, ,									0	
00000	00-0000000	Sun Greenfield, LLC.		95,000							95,000	
80802	38-1082080	U.S. Branch of Sun Life Assur Co of CN		(95,000)					· · · · · · · · · · · · · · · · · · ·		(95,000)	
80802	38 - 1082080	U.S. Branch of Sun Life Assur Co of CN.		(154,000)						•	(154,000)	
00000		Sun Encore, LLC		154,000							154,000	
											0	
79065	04-2461439	Sun Life Assurance Co of Canada (U.S.)		525,000,000							525,000,000	
00000	04-3365782	Sun Life of Canada (U.S.) Holdings, Inc		(525,000,000)						 	(525,000,000)	
80802	38 - 1082080	U.S. Branch of Sun Life Assur Co of CN								†	 N	(249,654,061)
72664	04-2845273	Sun Life Insurance and Annuity Co of NY									0	249,654,061
		· ·									0	0
80802	38-1082080	U.S. Branch of Sun Life Assur Co of CN. Sun Life and Health Insurance Co (U.S.)							· · · · · · · · · · · · · · · · · · ·		0	(395,819,161)
80926	06-0893662	Sun Life and Health Insurance Co (U.S.)									0	395,819,161
72664	04-2845273	Sun Life Insurance and Annuity Co of NY							· · · · · · · · · · · · · · · · · · ·		0	(34,481,237)
80926	06-0893662	Sun Life Insurance and Annuity Co of NY Sun Life and Health Insurance Co (U.S.)							· · · · · · · · · · · · · · · · · · ·		0	34,481,237
											0	
80802 13051	38 - 1082080 26 - 1292779	U.S. Branch of Sun Life Assur Co of CN Sun Life Financial (U.S.) Reinsurance Co						(164,961,704)			(164,961,704)	2,253,733,894 (2,253,733,894)
13051	20-1292779	Sun Life Financial (0.5.) Reinsurance co						104,901,704		†	104,901,704	(2,203,733,894)
79065	04-2461439	Sun Life Assurance Co of Canada (U.S.)						(180,930,434)			(180,930,434)	4,596,603,388
00000	00-0000000	Sun Life Reinsurance (Barbados) No. 3 Co						180,930,434			180,930,434	(4,596,603,388)
00000		III C. Danach of Cur Life Assur Co of CN									0	0.000.004.440
80802 00000.	38-1082080 00-0000000	U.S. Branch of Sun Life Assur Co of CN										2,060,084,113
00000											0	(2,000,004,110)
80802	38-1082080	U.S. Branch of Sun Life Assur Co of CN						(76,358,377)			(76,358,377)	366 , 756 , 430
00000	00-0000000	Sun Life Reinsurance (Ireland) Limited						76,358,377			76,358,377	(366,756,430)
80802	38 - 1082080	U.S. Branch of Sun Life Assur Co of CN								 	0	(96,278)
00002	00-0000000	Sun Life Fin Ins & Ann Co (Bermuda) Ltd								†	 n	96,278
		` ′									0	
79065	04-2461439	Sun Life Assurance Co of Canada (U.S.)		(18,410,284)					ļ		(18,410,284)	
00000	00-0000000	SL Investment DELRE Holdings 2009-1, LLC		18,410,284					l		18,410,284	

51.1

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		PART 2 - SUMMARY	I OF INS	UKEK 3	INANSA	CHONS	AALLU WI	II AFFIL		LJ		
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
79065	 04-2461439	Sun Life Assurance Co of Canada (U.S.)		(500,000)	Λ				· · · · · · · · · · · · · · · · · · ·			
79065 00000	04-2461439 04-2476246	Sun Life Assurance Co of Canada (U.S.)		500,000	0				•		(500,000) 500,000	
											0	
79065	04-2461439 00-0000000	Sun Life Assurance Co of Canada (U.S.) Sun Life Investments LLC			(395,700,000)						(395,700,000)	
00000	00-0000000	Sun Life Investments LLC			395,700,000				 		395,700,000	
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9999999 Cd	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

		Kesponses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES.
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES.
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.		YES
10	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
which th	owing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not trar ne special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code when the specific interrogatory will be accepted in lieu of filing a bar code when the specific interrogatory will be accepted by the specific interrogatory will be accepted by the	vill be printed below. If the
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
12.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
13.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1?	N0
15.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?	YES
16.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	N0
19.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	N0
20.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	N0
21.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	N0
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	N0
24.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	N0

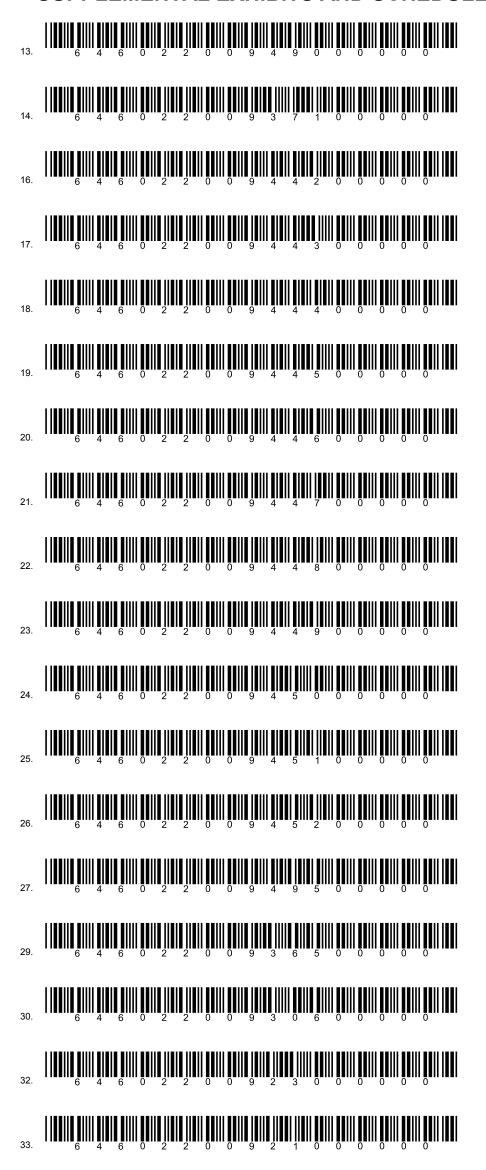
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
28. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
29. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
APRIL FILING	
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
32. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
XPLANATIONS: No direct business	
.No direct business	
1.Less than 100 shareholders	
2.	
3.	
4.	
ô.	
7.	
3.	
9.	
0.	
1.	
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BAR CODE:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS



SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009

(To Be Filed By March 1)

Of The INDEPENDENCE LIFE AND ANNUITY COMPANY Address (City, State and Zip Code) Wellesley Hills, MA 02481..... NAIC Group Code 0549...NAIC Company Code 64602... .Employer's ID Number 61-0403075. **SUPPLEMENTAL SCHEDULE O - PART 1** Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health Net Amounts Paid Policyholders 3 2007 4 2008 5 2009(a) Year in Which Losses Were Incurred 1. Prior . 2. 2005. 3. 2006. 4. 2007. 5. 2008. ..0 .0 .0 0 XXX XXX XXX. ..0 2009 XXX ХХХ XXX Section B - Other Accident and Health Prior 2005 ..0 1. 2. 3. 4. 5. 6. .0 2006. 2007. .0 .0 ..0 2008 XXX 0 XXX Prior 2005 .0 1. 2. 3. 4. 5. .0 2006 2007 ..0 0 XXX 2008 ..0 ХХХ 1. Prior ..0 2005. 2006. .0 2. 3. 4. 5. .0 2007 2008 ..0 0 XXX. XXX 2009 XXX Prior 1. 2. 3. 4. 5. 2005. 2006. .0 2007 ..0 .0 2008 XXX 0. XXX 2009 XXX Prior ..0 1. 2. 3. 4. 5. 2005 .0 2006. 2007. 2008. .0 0 .0 XXX 0 2009 ..0 Prior 1. 2. 3. 4. 2005. .0 2006. 2007. 2008. ..0 0 5. XXX ..0 2009 XXX XXX

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health Net Amounts Pa

	Net Amounts Paid for Cost Containment Expenses					
Year in Which Losses Were Incurred	1	2	3 2007	4 2008	5 2009	
Prior 1. Prior	200	200	0	2000 N	2009	
2. 2005			ő	0		
3. 2006	λ		0	0		
4. 2007	XXX	XXX	0	0		
5. 2008	XXX	XXX	ХХХ	0		
6. 2009	XXX	XXX	XXX	XXX		
	Section B - Other	Accident and Health				
1. Prior	0	0	0	0		
2. 2005	0		0	0		
3. 2006	XXX	VV	U	U		
4. 2007	······································		XXX			
6. 2009			XXX	XXX		
0. 2000			AAA	7077		
	^	Accident and Health	0.1	0.1		
1. Prior	0		0	ў l		
2. 2005		0	0			
3. 2006	XX		0			
4. 2007 5. 2008.	······································	······································	XXX			
6. 2009			XXX	XXX		
C. 2009	' 1 		MM	AAA		
	Sect	ion D-				
1. Prior	0	0	0	0		
2. 2005	0	0	0	0		
3. 2006	XXX		0	0		
4. 2007	XX	XX	0	0		
5. 2008		XXX	XXX	0		
6. 2009			XXX	XXX		
	Sect	ion E-				
1. Prior	0	0	0	0		
2. 2005	0	0	0	0		
3. 2006	XXX	0	0	·····ŏ		
4. 2007		XX	U	ў I		
5. 2008			XXXXXX			
6. 2009	110		۸۸۸	۸۸۸		
		tion F-				
1. Prior	0	0	0			
2. 2005		j		ŏ		
3. 2006	XXX	<u>U</u>				
4. 2007				0		
5. 2008			XXXXXX	U		
6. 2009	110		ΛΛΛ	XXX		
	Sect	ion G-				
1. Prior	0	0		0		
2. 2005	J	0	0	0		
3. 2006	XXX	VV	U			
4. 2007 5. 2008.	······································	······································	XXX			
6. 2009			XXX	XXX		
v. 2000			/////	7777		

SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health

Sum of Cumulative Net Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

			ynoiders and Claim Liability		
Year in Which Losses Were Incurred	1	200	3 2007	4 2008	5 2009
	200		200 <i>1</i>	XXX	XXX
1. 2005			0		XXX
2. 2006		7	<u> </u>	U	۸۸۸
3. 2007	//	Λλ	U		·····
4. 2008	XXX		XXX	U	
5. 2009	XXX	XXX	XXX	XXX	
	Section B - Oth	er Accident and Hea	ilth		
1. 2005	0		0	XXX	XXX
2. 2006	XXX		0	0	XXX
3. 2007	XX <u>X</u>	XXX	_ 0	0	
4. 2008	XX	ХХ	XXX	0	
5. 2009	XX	XX	XXX	XXX	
		/INL	_		
	Section C - Cre	dit Accident and Hea	alth		
1. 2005	0		0	XXX	XXX
2. 2006	XXX		0	0	XXX
3. 2007	XX <u>X</u>	ХХХ	0	0	
4. 2008	XX	ХХ	XXX	0	
5. 2009	¥χ	XXX	XXX	XXX	
					•
4 0005		ection D-	0	VVV	I vvv
1. 2005	0	L	: <u>V</u>	XXX	XXX
2. 2006	XXX	L	۱	0	XXX
3. 2007	XXX	XXX		0	
4. 2008		·	XXXXXX	0	
5. 2009			XXX	XXX	
	s	ection E-			
	0	ection E-		XXX	XXX
2. 2006		ection E-	0	XXX0	XXX
2. 2006 3. 2007	0			XXX	
2. 2006 3. 2007	0		ХХХ	0	
2. 2006 3. 2007 4. 2008	0				
2. 2006 3. 2007 4. 2008	0		ХХХ	0	
2. 2006 3. 2007 4. 2008	XXX O		ХХХ	0	
2. 2006	XXX O) N E	ХХХ	0	
2. 2006	XXX XXX XXX S) N E	ХХХ	XXX	XXX
2. 2006	XXX XXX XXX S	ection F-	ХХХ		XXXXXX
2. 2006	XXX XXX XXX S	ection F-	XXX XXX 0		XXXXXX
2. 2006	XXX XXX XXX S	ection F-	XXX XXX 0	XXX	XXXXXX
2. 2006 3. 2007 4. 2008 5. 2009 1. 2005 2. 2006 3. 2007 4. 2008	XXX XXX XXX S	ection F-	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	XXX	XXX
2. 2006 3. 2007 4. 2008 5. 2009 1. 2005 2. 2006 3. 2007 4. 2008	xxx 0 xxx xxx xx xx xx xx xx xx xx xx xx	ection F-	XXX XXX 0	XXX	XXX
1. 2005 2. 2006 3. 2007 4. 2008 5. 2009 1. 2005 2. 2006 3. 2007 4. 2008 5. 2009	S XXX XXX XX XX XX XXX XXX XXX	ection F-	XXX XXX 0	XXX	XXXXXXXXX
2. 2006	S S S S S S	ection F-	XXX XXX 0	XXX	XXX XXX XXX
2. 2006 3. 2007 4. 2008 5. 2009 1. 2005 2. 2006 3. 2007 4. 2008 5. 2009	S XXX XXX XX XX XX XXX XXX XXX	ection F-	XXX XXX XXX 0 0 0 XXX XXX XXX	XXX	XXXXXXXXX
2. 2006 3. 2007 4. 2008 5. 2009 1. 2005 2. 2006 3. 2007 4. 2008 5. 2009	S S S S S S	ection F-	XXX XXX XXX 0 0 0 0 0 XXX XXX XXX		XXX XXX XXX XXX
2. 2006	S S S S S S	ection F-	XXX XXX XXX 0 0 0 XXX XXX XXX	XXX	XXX XXX XXX XXX XXX

SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health

Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses,

			ount Paid Policyholders, C ent Liability and Reserve (
	1	2	3	4	5
Year in Which Losses Were Incurred	700		2007	2008	2009
. 2005			T	0	
. 2006		VVVV	 0	Q	
. 2007	XXX	XXX	0	0	
. 2008	XXX	XXX		0	
. 2009	XXX	XXX	XXX	XXX	
		ner Accident and Heal	lth		
2005		0	0	0	
2006		U	0	ū	
. 2007	XXX	XXX	0	0	
. 2008	XX			0	
. 2009	VX	VX	XXX	XXX	
	INC		_		
	Section C - Cre	dit Accident and Heal	lth		
. 2005			łō ł		
2006	XXX	J0	0	0	
2007	XXX	ХХХ	0	0	
2008	XX	ХХ	ХХХ	0	
2009	YX	XXX	XXX	XXX	
2005		ection D-	0	0	
2006	XXX	0	0	0	
2007	XXX	XXX	0	0	
. 2008	XX	XX	XXX	0	
. 2009	VX	\ \ \ \ \ X	XXX	XXX	
		ection E-			
2005			0		
2006					
2007				U	
2008			XXX	0	
2009			XXX	XXX	
		ection F-		0	
2005	0	U	J	U	
2006			0	0	
2007	XXX	XXX	0	0	
2008	ХХ	XX	XXX	0	
2009	ΥX	L VX	XXX	XXX	
		ection G-			
2005		ļ0	J	0	
2006	XXX	0	0	0	ļ
. 2007	XXX	XXX	0	0	
. 2007 . 2008 . 2009	XX	ХХ	XXX	0 XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)
Reserve and Liability Methodology - Exhibits 6 and 8

	,	1	2
	Line of Business	Methodology	Amount
1.	Industrial Life		
2.	Ordinary Life	Other	206
3.	Individual Annuity		
4.	Supplementary Contracts		
5.	Credit Life		
6.	Group Life		
7.	Group Annuities		
8.	Group Accident and Health		
9.	Credit Accident and Health		
10.	Other Accident and Health		
11.	Total		206

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